IMPACT OF EDUCATIONAL INTERVENTIONS ON COMMON, HEALTH PROBLEMS AMONG SCHOOL AGE CHILDREN AT GOVERNMENT HIGHER SECONDARY SCHOOL, SOTHUPAKKAM.

By

Mr. P. SURYA PRAKASH

A Dissertation submitted to

THE TAMILNADU Dr. M.G.R. MEDICAL UNIVERSITY,

CHENNAI.

IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

SEPTEMBER - 2014

CERTIFICATE

This is to certify that **“IMPACT OF EDUCATIONAL INTERVENTIONS ON COMMON, HEALTH PROBLEMS AMONG SCHOOL AGE CHILDREN AT GOVERNMENTHIGHER SECONDARY SCHOOL, SOTHUPAKKAM”** is a bonafide work done by **Mr. P. Surya PrakashM.Sc (N) II Year Student,** Adhiparasakathi College of Nursing, Melmaruvathur, in partial fulfillment of **THE TAMIL NADU Dr.M.G.R MEDICAL UNIVERSITY** rules and regulations towards the award of the degree of **Master of science in Nursing, Branch-II, Paediatric Nursing,** under my guidance and supervision during the academic year 2012- 2014.

Signature _____

Dr. N. KOKILAVANI, M.Sc(N).,M.A.,M.Phil.,Ph.D.,

Principal,

Adhiparasakthi College of Nursing,

Melmaruvathur - 603 319,

Kancheepuram District,

Tamil Nadu.

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Branch – II, PaediatricNursing,

Adhiparasakthi College of Nursing,

Melmaruvathur – 603 319.

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SEPTEMBER – 2014

Signature …….

Dr. N. KOKILAVANI, M.Sc(N).,M.A.,M.Phil.,Ph.D.,

PRINCIPAL AND HEAD OF THE DEPARTMENT – RESEARCH,

ADHIPARASAKTHI COLLEGE OF NURSING,MELMARUVATHUR - 603 319.

Signature …….

Dr.PADMAVATHI, M.D, DCH

PROFESSOR,

DEPARTMENT OF PEDIATRICS,

MAPIMS,MELMARUVATHUR.

Signature …….

Mrs. E. SRIGNANA SOUNDARI, M.Sc (N)., M.Phil.,

HEAD OF THE DEPARTMENT – PEDIATRIC NURSING,

ADHIPARASAKTHI COLLEGE OF NURSING,MELMARUVATHUR - 603 319

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Branch – II, PaediatricNursing,

Adhiparasakthi College of Nursing,

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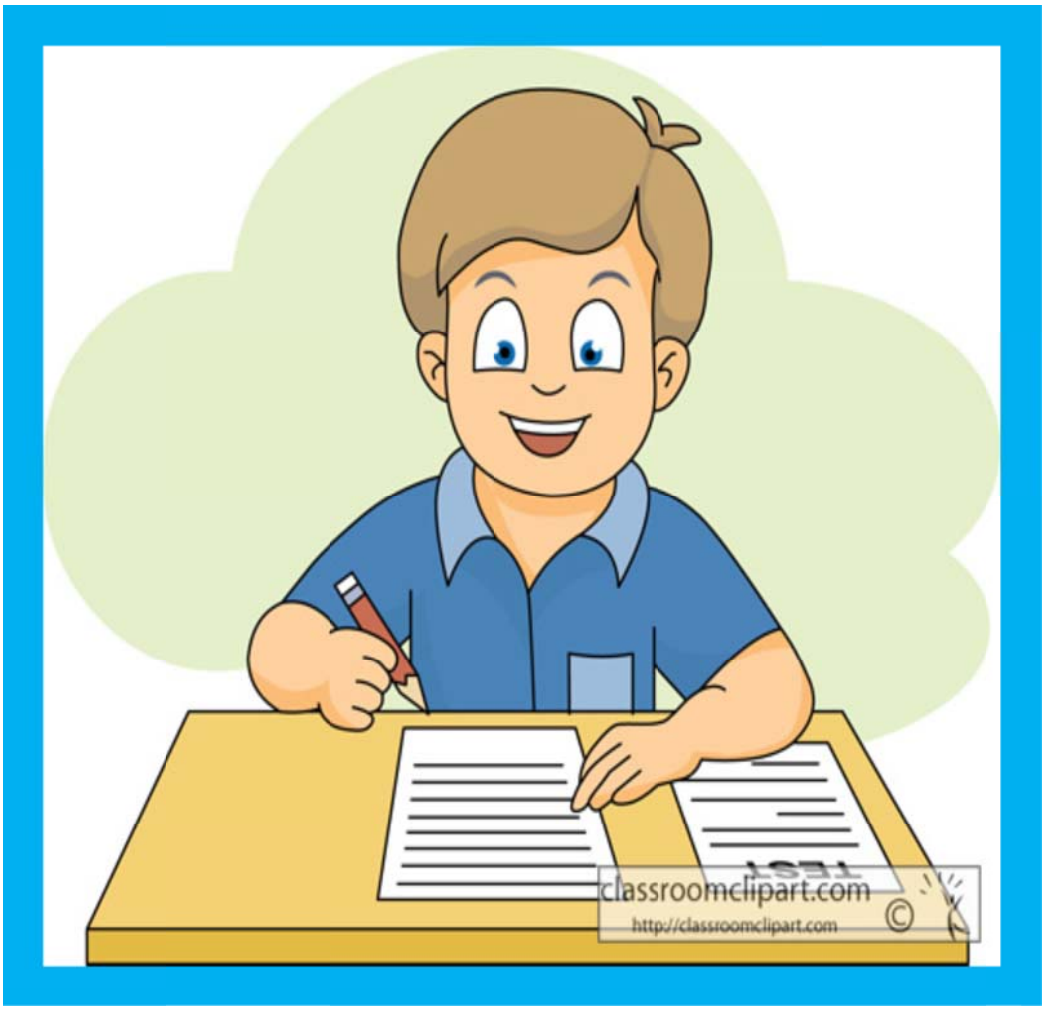

INTRODUCTION

CHAPTER-I

INTRODUCTION

"Children are the most valuable asset for any society they are the builders of the Futures of any nation, children's health-tomorrows wealth."

- Jawaharlal Nehru

Children are the future builders of every nation. Future of the nation depends upon the health of the children. Healthy children would turn up into healthy nation of tomorrow. Children's health can be best examined in the light of the level of infant and child mortality prevailing in the society and also it is the most important index of socio-economic development. The high level of infant mortality is an indication of discouraging socio-economic development and along with the poor government commitment for improving health status of its nation.

India has one of the largest groups of school going children, especially in rural areas .There are about 6.3lakh rural schools both primary and upper primary with 80millions school going children The school age children account for about 25% of the population in India. The health of children and youth is a fundamental value. Health services for schoolchildren are a must for building a healthy young India. Over one fifth of our population comprises of children aged five to14years which is the age group covering primary and secondary education. Among these only about 80% of children are

enrolled and about 65% are regularly attending school on an average for 200 days in a year.

School children are vulnerable section of population by virtue of their physical, mental, emotional and social growth during this period. It is in this age their personality develops. .Also they are exposed to various environmental factors which might cause problems and require health, guidance and care. Children coming to school belong to different socio-economic and cultural backgrounds which affect their health and nutritional status. They require help and guidance in promoting, protecting and maintaining their health and nutritional status. Now schools can become a "Home away from home for children".

Kasthuri SR, (2010)reported that health education is a holistic process with intellectual, psychological and social dimension relating to activities that increase the abilities of people to make informed that affect their personal, family and community wellbeing. It is a process which aims to alter knowledge, attitude and behavior of people. The objectives of health education are to win friends and influence people. The root of the health problem in India can be tackled with effective health education programme. Therefore health education should aim to bridge the gap between knowledge and health practice of people and should be integrated all along with every activity in the health service of people.

Jacks F (2014) said that health education to school children in their formative age is the most effective method for protection and promotion

of their health. Primary school children are more open minded and are likely to be receptive to change in ideas and agreeable to modifications of their habits. Health education of school children can be carried out in different ways and settings, through formal and informal teaching in school. Innovative approaches to education for health are essential to gain the interest, support, involvement and commitment of student.

WORLD HEALTH ORGANIZATION (2010) reported that school is considered as a health promoting one where it constantly strengthening its capacity as a healthy setting for living, learning and working. Health education, health services, and healthy school environment are components of such schools. Schools can do more than any other institution in society to help young people live healthier, longer and more productive lives.

The school serves as the agent for transmitting the values of the society to each succeeding generation of children and as the setting for much relationship with peers. Health care which begins at home should be continued in school. Today's Children are Tomorrow's Citizen and Healthy Citizen is the Nation Pride. Keeping the above facts in mind and growing realization of importance of health of a school child.

Health survey of Indian schools indicates that morbidity and mortality rates in children were among the highest in World. Morbidity of school children's has been studied in small surveys in Tamilnadu, Kerala, Andhra Pradesh, Madhya Pradesh, Punjab, Karnataka and Delhi.

PARK K(2011) reported that health problems vary from one place to another, surveys carried out in India indicate that the main emphasis will fall in malnutrition, infectious diseases, and intestinal parasites, diseases of skin, eye, ear and dental caries.

CENTERED FOR DISEASE CONTROL AND PREVENTION (2012)reported that the prevalence of morbidity of common health problems among school age children such as dental infection 60-70%, Malnutrition including anemia 40-75%, worm infestation 20-40%, skin disease 10%, visual defects and disease of eye 4-8%, obesity 15-20%.

Most of the school going children are suffering with different problems .So I have selected this study on assess the impact of educational interventions on prevention of common health problems among school going children.

NEED FOR THE STUDY

Every year about nine million children specially five to 10 years of age in developing countries die due to various diseases due to which mortality rates have been increased. The number of children attending school has gone up many folds since the time of India's independence, increasing from around 9.2 million in 1950-51 to 113.8 million in 2010-11. But several problems present among the many contributing factors are the quality of the physical health that the children inhabit reported that percentage of school – aged children five to 11 years of age who are in excellent or very good health:

82.2% percentage of school aged children 5-11 years of age who missed 11 or more days of school in the past 12 months because of illness.

World Health Organization (2010) estimated that childhood obesity is one of the most serious public health challenges of the 21st century. The problem is global and is steadily affecting many low- and middle-income countries, particularly in urban settings. The prevalence has increased at an alarming rate and there will be 2.3 billion overweight adultsin the world by 2015 and more than 700 million of them will be obese.

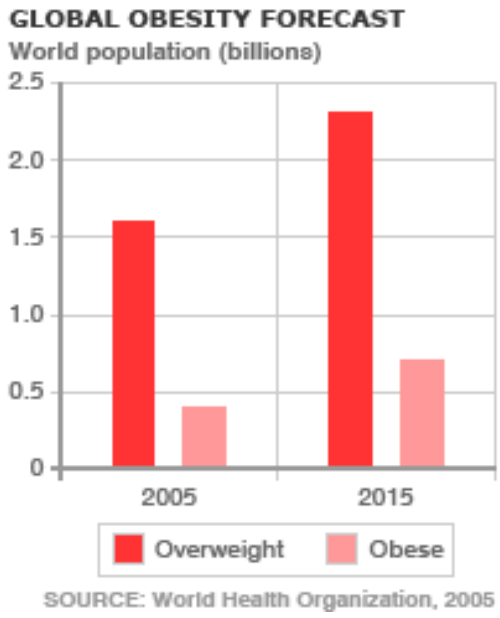

Figure 4.1 Global Obesity Forecast

THOMSEN S (2014) conducted on Dominican school children aged 4-12 years revealed that infestation with gastrointestinal parasites was very common with Trichuris affecting 92% of children, Ascaris in 38%, Necator in 11%, Giardia in18% and EntamebaHistolytica in 1%.This study

concluded that 18 of the 1000 children were found to have a hemoglobin level below 10g/dl.

Aruna P (2014) City Health Officer, Coimbatore reported about a medical screening conducted by the doctors on the Corporation school students, has revealed that the students suffer more from dental caries and worm infestation. The test conducted in June 2014, at the start of the academic year, has revealed that 1,093 students suffer from dental caries – tooth decay, in common parlance – and another 1,377 students suffer from worm infestation.

Andrew F(2013) estimated of the direct and indirect annual cost of bacterial conjunctivitis in the United States. The report says that in the United States it is estimated that 23% of bacterial conjunctivitis cases occur in the 0-2 year age range, 28% occur in the 3-9 year range, 13% occur in the 10-19 year range with the remaining 36% of cases occurring in adults.

JOCKSON V (2013) said that Nutritional problems are more common in India as well as school going children; they are mainly dental caries, protein energy malnutrition, worm infestations, underweight, anemia. The high prevalence rate is needed for solving nutritional problems. Although caloric needs are diminish in relation to body size during middle child hood, resources are being laid down at this time for increased growth need of school going children. Parents as well as children need to be aware of the value of a balanced diet to promote growth because children usually eat what their family members eat.

BARBARA K(2013) reported that nutritional disorders are parts of the development disorders. The problems are malnutrition, warm infestation, dental caries, anemia, dyslexia, and dyscalculia.

The National Oral Health Survey and Fluoride mapping (2013) reported that 72.5% of 12 year old children and 75.4% of 15 year old children had dental caries. As it is the most common dental disease with high prevalence among children, it is important to control the disease process by rendering required treatment and by increasing awareness regarding its preventive measures. Knowledge of dental health and treatment needs of school children is important for developing appropriate preventive approaches, anticipating utilization patterns, and planning effectively for organization and financing of dental resources.

Good oral health is an integral component of good general health. Although enjoying good oral health includes more than just having healthy teeth, many children have inadequate oral and general health because of active and uncontrolled caries. Dental caries and periodontal diseases are widespread and virtually everybody suffer from them. Dental caries is the most prevalent disease among children in the global scenario. According to World Health Organization it is next to the common cold in children. Several studies undertaken in different parts of the country show that dental caries has been consistently increasing in its prevalence and severity. Oral health and general wellbeing are inextricably bound to each other. If the oral health of children

develops unfavorably, they should be considered a risk group demanding special attention for planning of Dental Health Program.

Lorenzo M (2012) reported that acute Otitis media incidence rate is 10.85% i.e. 709million cases each year with 51% of these occurring in children. Chronic suppurative otitis media incidence rate is 4.76%31million cases, with 22.6% of cases occurring annually in children. Otitis media related hearing impairment has a prevalence of 30.82 per ten-thousand.

Suriyanarayanan S, 2012 said that today's children being citizens of tomorrow's world need to be cherished, loved and reared in a healthy atmosphere but often they do not have a safe environment for their growth and survival. Child is the greatest gift to mankind. In turn we must educate the child towards value and tradition, joy in life, self-esteem, unconditional love, skill and abilities, secure surroundings and good health. The health of the child depends significantly on the parents which start from the time pregnancy and throughout the life. So providing good health is the most important duty on the part of the parents for their children's.

World Health Organization (2011) estimates one-fourth of world's population harbors one or more intestinal parasites. Intestinal parasites are among the mostcommon infections of school age children causing-nutritional deficiency, chronic dysentery, rectal prolapse, poor weight gains, retarded growth and mentalretardation.

MARLYIN R (2010) said that the common health problems among School going children are , worm infestations, obesity, malnutrition, dental carriers, skin disorders, ear disorders like otitis, wax, eye disorders like 1conjunctivitis, bronchitis ,pneumonia, asthma , tonsillitis, constipation, inflammatory bowel disease , UTI , epilepsy , encephalitis, diabetes mellitus, hyperthyroidism, hypothyroidism, bacterial infections.

The children need good nutritional supplementation and psychological support. Health problems occur due to environment sanitation so maintain good sanitation around the home. If the child prone to get disease in child hood its continued to adult life promotion of love and affections safe and security, physical needs is imp in child hood period.

STATEMENT OF TH PROBLEM:

Impact Of Educational Interventions On Prevention Of Common, Health Problems Among School Age Children At Higher Secondary School, Sothupakam.

OBJECTIVES:

1. toassess the knowledge on prevention of common health problems among school age children.
2. toevaluate the impact of educational interventions on prevention of common health problems among school age children.
3. tofind out the association between the post test scoreon prevention of common health problems among school age children with selected demographic variables.

OPERATIONAL DEFINITIONS

Impact: Refers to influencing the improvement of knowledge on prevention of common health problems among school age as evidenced by difference in pre and post test score.

Educational interventions: In this study it refers to organized group health education in the form of lecture cum discussion to impart knowledge for school age children on common health problems and its prevention in children.

Prevention: Refers to precautionary measures taken to avoid the occurrence of diseases.

Common school health problems: In this study the common school health Problems includes worm infestations,obesity, malnutrition, dental caries, scabies, eye disorders and ear disorders.

School age Children: The children in the age of 10 to 12 years who were studying inhigher secondary school, sothupakam.

ASSUMPTIONS:

- School children have less knowledge on common health problems at school age.
- Educational interventions help to gain adequate knowledge on prevention of common health problems among school age children.

DELIMITATIONS:

- The study is limited to sixth and seventh standard student studying at higher secondary school, sothupakkam.
- The study limited to school children with age group of 10-12 yrs.
- Data collection period is limited to six weeks.

PROJECTED OUTCOME:

The educational interventions will improve the knowledge of school going children.It helps the school children to know the importance of prevention of common health problems.

CONCEPTUAL FRAMEWORK

This investigator adopted Imogene king's goal attainment theory (2007) based on personal and interpersonal systems including perception, action, interaction and transaction. The investigator adopted this basic theory for conceptual framework which is aimed to find out the impact of educational interventions on prevention of common health problems among school age children. This involves interaction between the researcher and school children. There are four major concepts.

PERCEPTION

It refers to people's representation of reality. It is not observable but it can be inferred. Hence the investigator perception is the need for educational intervention among school age children in Government Higher Secondary School, Sothupakkam at Kanchipuram district.

ACTION

It refers any changes that have to be achieved. The nurse educator has planned for educational interventions on prevention of common health problems among school age children to update their knowledge.

INTERACTION

It refers to the verbal and non-verbal behavior between one individual and environment or between two or more individual who involve goal directed

perception and communication. Here the investigator interacts with the children by giving pretest and planned educational interventions.

TRANSACTION

This is the achievement of a goal. In this stage the investigator reassesses the knowledge regarding prevention of common health problems such as worm infestations, malnutrition, obesity, dental caries, scabies, eye and ear disorders on school age children by conducting posttest.

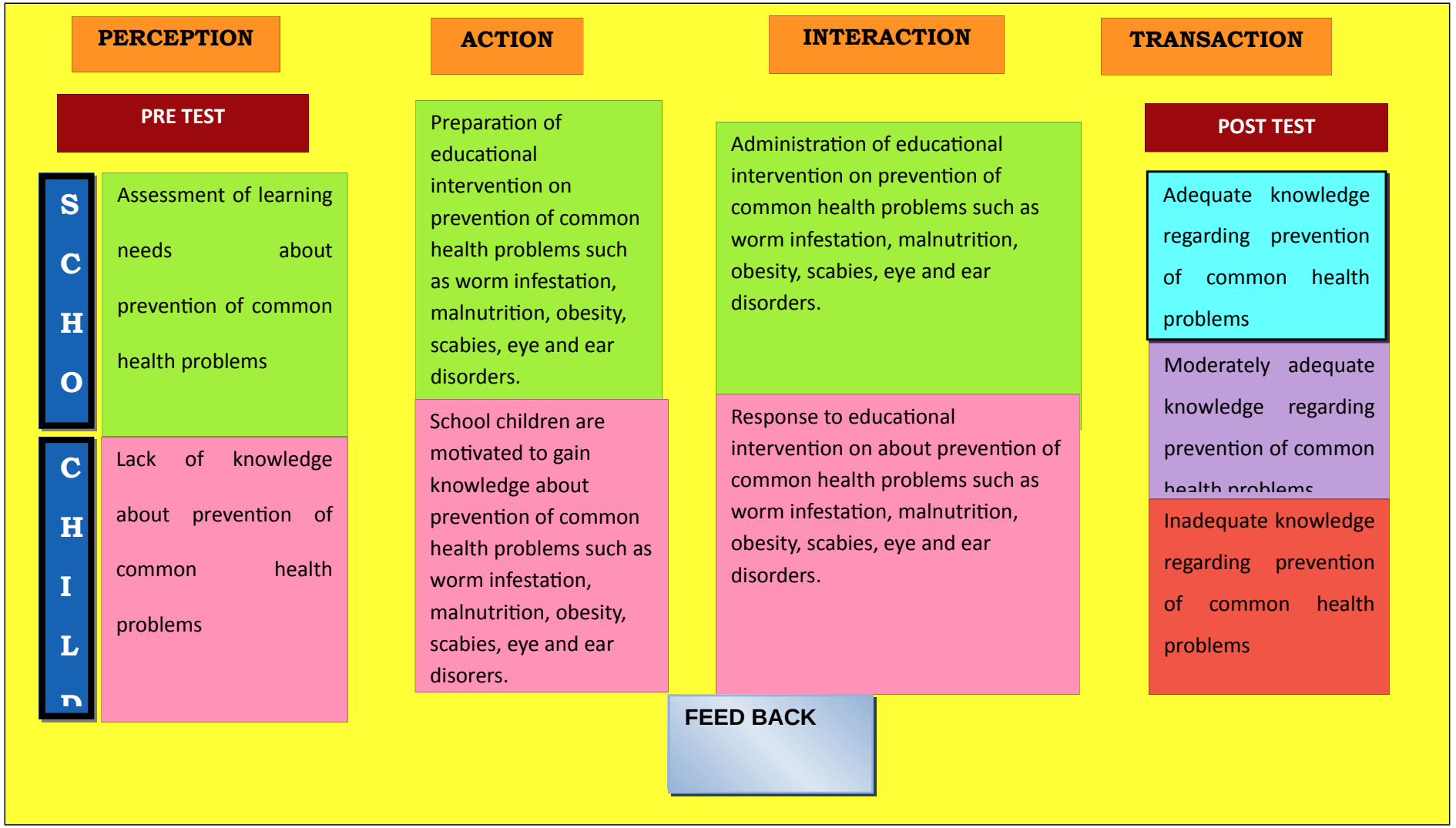

FIGURE 1.1: Modified Imogene Kings Goal Attainment Theory (2014)

CHAPTER-II

REVIEW OF LITERATURE

CHAPTER –II

REVIEWOFLITERATURE

This chapter attempts to present a broad review of the study conducted, the methodology adopted and conclusion drawn by earlier investigations. It helps to study the problem in depth. Related research literature was reviewed to broaden the understanding and to gain insight into the selected area under study. The review is organized in the following headings;

SECTION 1: Literature has been reviewed under the following heading,

Part A: Literature related to worm infestations

Part B: Literature related to obesity

Part C: Literature related to malnutrition

Part D: Literature related to dental caries

Part E: Literature related to scabies

Part F: Literature related to ear disorders among school age children.

Part G: Literature related to eye disorders among school age children.

Part A: Literature related to worm infestations

Leena k (2014) conducted a study to know the effectiveness of child to child health education on prevention of worm infestation among children of selected schools in Mangalore. 100 school children were selected through cluster sampling technique. Health education was provided using traditional method to one group and inanother group, health education was provided through peer trained and motivated by investigator. The study found that he mean differenceinthe knowledge scores of childrensignificant in traditional health education group (t=5.61,), child to child group (t=6.42).A significant difference in the post healtheducation knowledge scores were observed (t=2.06). A significant association was found between pre health education knowledge scores and education of parents($x=9.74$, $p<0.05$).

Panwanda G (2014) conducted a study to assess the effectiveness of structured planned health education using film slides on worm infestations among school going children at Hassan, Karnataka. The sample of 70 school going children were selected through simple random sampling technique and pre test was conducted using structured questionnaire and pre test was done. A film show on worm infestation was given. After seven days post test was done with same questionnaire. The results shows that the pretest mean score is 8.2 while post test score mean is 25.1 that show the film show is

effectiveness and there was no significant association between demographic variables with post test score.

Chowdhury S et al., (2013) conducted a hypothetical study to identify the causes ofHelminth infections among 500school going children using waste water and human excreta in semi urban in Vietnam. The data regarding socio economic status, type of defecation, water exposure is collected through questionnaire. The collected data was analyzed and results shows that 212(42.4%) were due to waste water exposure and 288(57.6%) were due to inadequately composted human excreta. The study concludes that two factors outdoor defecation and water exposure were the important risk factors of Helminth infestation among Vietnam children.

Humphries D et al(2013) conducted a study to know the prevalence of Hookworm infection among school age children in Kintampo north municipality, 812 Children of 6-11 years age attending 16 schools in the Kintampo NorthMunicipality of Ghana were screened for participation in a study on hookworminfection, nutrition, and response to albendazole. The prevalence of Necatoramericanus hookworm infection (n = 286) was 39.1%, and significant predictors of infection included age, malaria parasitemia, lack of health care, school area, levels of antibodies against hookworm, and low consumption of animal foods. Thecure rate after a single dose (400 mg) albendazole was 43%, and the mean fecalegg count reduction rate was 87.3%. Data for an in vitro egg hatch assay showed atrend toward reduced albendazole susceptibility in post-treatment hookwormisolates (P = 0.06).

Bhandari N et al.,(2012) conducted a studied on Intestinal parasitic infection among school age children. The stool samples were collected from school going children and examinedfor intestinal parasite. The results showed that among 360 school age students, the prevalence of intestinal parasite wasfound 40%. Among the positive cases of which 60% were female. It was observedthat the rate of parasitic infection among positive cases, Newar was 35(36.84%), Chettri 31(32.97%) and Brahmin and others 29(33.72%) respectively. The studydetects an association between intestinal parasitic infection and drinking tap water.

Part B: Literature related to obesity

Anand N.et.al.,(2014) conducted a correlational study to know the effect of obesity and lifestyle on the oral health of pre adolescent children of ages of 9-12 years, in schools located aroundVelachery, Chennai, India. A total of 426 children of age group of 9-12 yearswere selected. Information on their socio-economic, dietary, oral health statusesand time spent in leisure activities were assessed by using a questionnaire,followed by BMI estimation and these variables were correlated with their oralhygiene statuses. Results: The prevalence of poor oral hygiene and poor dietaryhabits was observed in children who spent more time in watching television,playing videogames and using computer. Good oral hygiene was observed in childrenwho had visited dentists in the past. The study concludes that there is a strong associationof lifestyle factors with oral hygiene in pre-adolescent children.

Sedentarylifestyle, with more leisure activities, has a negative impact on the oral healthof children.

Ling J.et.al.,(2014) conducted a study to know the preliminary assessment of a school-based healthy lifestyle intervention among rural elementary school children. A comprehensive school-based healthy lifestyle intervention was implemented in 4 rural elementary schools in Kentucky. The intervention included 4 goals: improving physical education, health education, family/community involvement, and school wellness policies. Children's physical activity was assessed by pedometer, and nutrition was assessed by a previous day recall survey. The results showed that the intervention had significant effects on increasing the percentages of children meeting physical activity (1% vs 5%) and nutrition (15% vs 26%) recommendations. The effects of the intervention on physical activity and nutrition depended on school, grade, and age of the children. There was an increasing linear trend of physical activity and an increasing quadratic trend of nutrition over time among children.

Muthuri S.et.al., (2014) conducted a study to determine the prevalence and to investigate factors associated with overweight and physical activity in Kenyan children aged 9 to 11 years. Body composition and physical activity measures of participatingchildren were accomplished by anthropometric assessment, accelerometry, and administration of questionnaires related to diet and lifestyle, and the school and neighborhood environments. Out of 563 participants (46.5% boys, 53.5% girls), 3.7% were

underweight, 14.4% were overweight, and 6.4% were obese based on WHO cut-points. Mean daily sedentary time was 398 minutes, time spent in light physical activity was 463 minutes, and time spent in moderate-to-vigorous physical activity was 36 minutes based on activity cut-points developed by Treuth et al. Only 12.6% of participating children were meeting the recommendation of ≥ 60 minutes of daily moderate-to-vigorous physical activity, and 45.7% of participants used active transportation to/from school.

Polat M.et.al., (2014) conducted a study to know the prevalence of childhood hypertension in which Obesity is probably the most important risk factor among 2826 school students in turkey aged 7-12 years. The results showed overall prevalence of hypertension was 7·9 %. Among the 222 hypertensive children, 124 (56 %) were boys and ninety-eight (44 %) were girls (P=0·40). In the whole group, 3·6 % had only systolic hypertension, 0·7 % had only diastolic hypertension and 3·5 % had both systolic and diastolic hypertension. The prevalence of overweight and obesity were both 13·9 %. BMI was significantly correlated with blood pressure (P<0·001). Overweight and obesity were more common in boys (P<0·001).

Rendón-Macías M.et.al., (2014) conducted a study to evaluate scholar children perception of obesity as a significant factor on the quality of life. They surveyed 1335 healthy children aged 6-12 years, randomly selected from elementary schools in Mexico City and collected data throughObesity impact on the quality of life perception-questionnaire and the results showed that most children (64.71%) considered obesity as anegative condition that

influences health and social performance. This perception was inversely related to age (OR = 0.64, p = 0.003), as well as to the perception of their mother nutritional status (OR = 0.47, p = 0.01).

Taheri F et al.,(2012) conducted study aimed toassess obesity and central obesity in 6-11 year old Birjand elementary schoolchildren, East of Iran.1541 elementary schoolchildren, i.e. 851girls and 690 boys, selected from Birjand elementary schoolsthrough multiple-cluster sampling in 2012 and determine overweight and obesity. Out of the studied children, 9.6% (11% of boys and 8.3% of girls) wereoverweight and 9.2% of children (i.e. 10.9% of boys and 7.9% of girls) wereobese. About 15.7% of children (i.e. 20.3% of boys and 12% of girls) had central obesity.

Part C: Literature related to malnutrition

Chesire E et al., (2013) conducted a cross-sectional descriptive studyto establish the determinants of under nutrition among school agechildren between 6-12 years in Kawangwareperi-urban slum, Nairobi, Kenya.384 school children aged 6-12 years. The results showed that a total of 4.5% were wasted, 14.9% underweight and 30.2% stunted. Thechildren who were over nine years of age were more underweight (72.4%,) and stunted (77.2%) than those below eight years. The girls were more wasted (29.1%) than the boys (18.2%), whereas the boys were more stunted (65.7%) than the girls (50.7%). The other variables found tohave had significant association with

the nutritional status of the children were: monthly household income, food prices morbiditytrends, mode of treatment and school attendance.

Oninla S et al.,(2013) conducted a Comparative study to determine and compare the nutritional status of children attending urban and rural public primary schools in Ife Central Local Government Area of Nigeria. The schools were stratified into urban and rural, and studied schools were selected by balloting. Information obtained on each pupil was entered into a pre-designed proforma. The weight and height were recorded for each pupil, and converted to nutritional indices (weight for age, weight for height, height for age). A total of 749 pupils (366 and 383 children from the rural and urban communities, respectively) were studied. The overall prevalent rates of underweight, wasting and stunting were 61.2, 16.8 and 27.6%, respectively. In the rural area these were 70.5, 17.8 and 35.8%, while in the urban they were 52.2, 15.9 and 19.8%, respectively. The mean nutritional indices (Weight for Age, Weight for Height and Height for Age) were found to be significantly lower among the rural pupils than urban pupils ($P < 0.001$ in each case). The present study shows that malnutrition (underweight, wasting and stunting) constituted major health problems among school children in Nigeria. This is particularly so in the rural areas. Therefore, prevention of malnutrition should be given a high priority in the implementation of the ongoing primary health care programmes with particular attention paid to the rural population.

Chowdhury SD et al.,(2012) conducted a study determine the prevalence of undernutrition amongthe Santal children of Puruliya district

of West Bengal. 442 Santal children aged 5-12 years were taken from randomly selected schools of Balarampur and Baghmundi areas of Puruliya. Nutritional status was analyzed byZ-score values according to the height for age, weight for age and weight for height reference data of National Center for Health Statistics. The prevalence of undernutrition among Santal children was as follows: stunting (17.9%), underweight (33.7%) and wasting (29.4%). Severe (below -3 Z-score) stunting, underweight and wasting were found in 4.98%, 7.92% and 9.51% of Santalchildren, respectively. In girls, prevalence of stunting (21.7%) and wasting (35.8%) was higher in comparison to boys (13.8% stunting and 22.7% wasting).

Part D: Literature related to dental caries

Gupta R et al.,(2014) conducted a study to evaluated the Prevalence of dental caries among school children of Bharatpur city, India. 1400 school children, of which 700 school children were from government schools and700 were from private schools. Simple random sampling methodology was used to select the sample. The subjects were examined for dental caries according to WHO 1997 assessment form. Significant Caries Index was also used to assess the prevalence of dental caries. The results showed that prevalence of dental caries was found higher among government schoolchildren, that is, 53%, when compared to private school children, that is, 47%and this difference was found to be statistically significant. The mean decayed, missing, and filled teeth were found to be higher in government

school children (7.61 ± 2.86) as compared to private school children (4.76 ± 2.42).

Mittal M(2014) conducted a study to know the oral health status among 5-year-old and 12-years-old children in schools in rural Gurgaon. A total of 1003 children were examined of which 619 were in 5 years age group and 384 in 12 years group. The prevalence of dental caries was studied using dentition status and treatment needs index. For dental calculus criteria of Community Periodontal and for dental fluorosis Dean's index was used. The results showed that in 5 years age group prevalence of dental caries was 68.5%, dental fluorosis was 22.5% and treatment needs were 63.7%. In 12 year age group prevalence of dental caries was 37.5%, dental fluorosis was 76.04%, highest community periodontal index score was 2, seen in 80.2% and overall treatment needs were 44.3%.

Bhardwaj VK(2013)et al conducted a study to evaluate the impact of oral health education on the status of plaque, gingival health and dental caries among 12 and 15 years old children attending government school in Shimla city.276 school children participated in the study. The study was conducted over a period of 4 months from May 2010 to August 2010 in Government Senior Secondary School, Sanjauli. Plaque, gingival and caries status was assessed by using Silness and Loe plaque index, Loe and Silness gingival index and WHO modified DMFT index, respectively. The results showed that overall mean plaque score and gingival score decreased significantly after oral health education irrespective of gender. However,

decrease in plaque score among 15 years old female children and gingival scores among 12 and 15 years old female subjects was not significant. Difference in mean caries status was statistically insignificant among all the subjects.

Mehta Aetal.,(2012)conducted to assess oral health-related knowledge, attitude, and practices among 12-year-old schoolchildren studying in rural areas of Panchkula, India. A total of 440 children from 12 schools were included in this study. All the participants were requested to complete a 13-question closed-ended questionnaire. The results showed that only 25% of the participants said that they cleaned their teeth more than once in a day. 32% did not clean their teeth daily. Over the preceding 1 year, 45.5% of the childern had had some problem with their teeth and/or gums, but only 35.9% visited the dentist. Among these children, 8.2% used tobacco in some form. Oral health-related knowledge of girls was significantly better than that of boys.

Hebbal M(2012) et al., conducted a study to assess the caries profile of 12 year old Indian children using Cariogram. 100 children were interviewed to record any illness, oral hygiene practices and fluoride exposure after obtaining a three day diet diary. Examination was done to record plaque and dental caries status. Stimulated saliva was collected and salivary flow rate, salivary buffering capacity;Streptococcus mutans and Lactobacillus were assessed. It was found that 21, 45, 21 and 13 children had 0-20%, 21-40%, 41-60% and 61-100% chance of avoiding caries respectively in future. Significant correlation was observed between cariogram score and DMFT, diet content,

diet frequency, plaque scores, Streptococcus mutans counts and fluoride programme.

Sequeira P et al.,(2012) et al conducted a study to assess the oral health knowledge, attitude and practices of 15-year-old schoolchildren in UdupiTaluk, Southern India and to identify their social determinants. A self-administered questionnaire was filled out by the participants and evaluated using bivariate and multivariate analyses. The results showed among 664 children, about 90% of participants had knowledge about causes of dental caries and the role of tooth brushing in its prevention. Lower proportions (40% to 60%) of participants were aware of gum disease and the role of fluoride and dental floss. A majority (>90%) of the children used a toothbrush and toothpaste, 63.3% of the children did not know whether their toothpaste contained fluoride or not, 61.9% of them cleaned their teeth two or more times a day and only 18.2% of the children visited the dentist for routine check-ups.

Part E: Literature related to scabies

Gopalakrishnan N (2013) conducted a study to know the the efficacy of oral ivermectin with topical permethrin cream in the treatment of scabies.85 consecutive patients were randomized into two groups. 40 patients and their family contacts received 200 µg/kg body weight of ivermectin, and another 45 patients and their family contacts received a single overnight topical application of 5% permethrin cream. Patients were followed up at intervals of 1, 2, 4, and 8 weeks. The results showed that a single dose of

ivermectin provided a cure rate of 70%, which increased to 95% with two doses at a two week interval. A single application of permethrin was effective in 97.8% of patients. One (2.2%) patient responded to two applications at a two week interval. Permethrin-treated patients recovered earlier.

Ogunbiyi AO(2013) et al., conducted a study to know the Prevalence of skin disorders in school children in Ibadan, Nigeria. A questionnaire for assessing factors associated with the prevalence of diseases was completed, and a complete physical examination was carried out on 1066 students. The study included 529 (49.6%) boys and 537 (50.4%) girls with a mean age of 8.8 +/- 2.5 years. The mean family size of the subjects was 6.7 +/- 2.3 while the mean number of rooms in their homes was 2.6 +/- 1.45. Infectious dermatosis was commonly observed. Of 375 children with a skin lesion, 162 (15.2%) had dermatophytosis, most often tineacapitis, 50 (4.7%) had pityriasisversicolor, and 50 (4.7%) had scabies. Other dermatoses observed included papularurticaria in 35 (3.3%) and angular cheilitis in 27 (2.5%) children. One or more melanocytic nevi were found in 40 (3.8%) children while 138 (12.9%) and 77 (7.25%) had tribal and scarification marks, respectively. Atopic eczema and viral warts were virtually absent. The study concluded that fungal infections and scabies were the most common skin diseases in our study population, whereas allergic illnesses were nearly absent.

Part F: Literature related to ear disorders among school age children.

Adhikari P et al.,(2013) conducted a study to find out the prevalence of different types ofear disease in rural school children of Nepal. The results showed that out of 2000 children, 64.2% were male and 35.8% female children. The most common ear diseases were wax (62.0%), followed by chronic suppurative otitis media (7.6%) and otitis media with effusion (4.7%). In CSOM, there was 83.0% tubotympanic type. Both the wax and chronic suppurative otitis media were common in 5-7 years age group. Overall ear diseases were present in 81.6% children.

RoseP (2013) done systematic review of the literature on all aspects of the management of acute infective conjunctivitis is undertaken. Acute infective conjunctivitis is a common presentation in primary healthcare. It is usually a mild condition and serious complications are rare. Clinical signs are a poor discriminator of bacterial and viral causes. Studies of treatment show that there is a high rate of clinical cure without any treatment (65% within 2-5 days). Treatment with topical antibiotics improves the rate of clinical recovery and this is more marked in the first 2-5 days after presentation, but less by 6-10 days. Studies comparing treatment with different antibiotics do not demonstrate that any one antibiotic is superior; the choice of antibiotic should be based on consideration of cost and bacterial resistance. The present practice of prescribing antibiotics to most cases is not necessary.

Zhang Y (2013) conducted a Studyto integrate the findings and determine the possible risk factors for otitis media based on meta-analysis.. A total of 2971 articles were searched, and 198 full-text articles were assessed for

eligibility; 24 studies were eligible for this meta-analysis. Regarding risk factors for otitis media, there were two to nine different studies from which the odds ratios could be pooled. The presence of allergy or atopy increased the risk of otitis media (1.36). An upper respiratory tract infection significantly increased the risk of otitis media (6.59). Snoring appeared to be a significant risk factor for otitis media(1.96). A patient history of acute otitis media increased the risk of Chronic otitis media (11.13). Passive smoke significantly increased the risk of Chronicotitis media (1.39). Low social status appeared to be a risk factor for Chronic otitis media (3.82).

Rijal A et al., (2011) conducted a prospective sudy to know common ear disorders in school age children. The study included 2218 children with ear diseases among which 868 (39.1%) were pre-school and 1350 (60.9%) were school going children. The male to female ratio was 1.5:1. The most common otological problem was wax impaction (40.2%), followed by acute otitis media with 24.3%, chronic suppurative otitis media with 17.7% and acute otitis externa with 7.5% of the total cases. The other conditions were otitis media with effusion (2.8%), foreign bodies in the ear (2.3%), otomycosis (1.7%), preauricular sinus (1.1%), sensorineural hearing loss (0.8%), trauma to the ear (0.7%), keloids (0.3%), microtia (0.2%) and perichondritis (0.2%).

Part G: Literature related to eye disorders among school age children.

Umeh R et al.,(2013) conducted a study to determine the prevalence and causes of eye disease among children residing in rural communities in Nigeria. The results showed the census population consisted of 2092 children, 1081 (51.7%) males, with a male to female ratio of 1.07:1. Ocular disorders were found in 127 (6.1%) of the population. The most common ocular disorders in this community were vernal conjunctivitis 61 (2.9%) followed by refractive error 14 (0.7%). Amblyiopia, which is avoidable, was the most common cause of visual impairment.

Barney N (2013) conducted a study to examine the diagnosis, management, and treatment of conjunctivitis, including various antibiotics and alternatives to antibiotic use in infectious conjunctivitis and use of antihistamines and mast cell stabilizers in allergic conjunctivitis.Viral conjunctivitis is the most common overall cause of infectious conjunctivitis and usually does not require treatment; the signs and symptoms at presentation are variable. Bacterial conjunctivitis is the second most common cause of infectious conjunctivitis, with most uncomplicated cases resolving in 1 to 2 weeks. Mattering and adherence of the eyelids on waking, lack of itching, and absence of a history of conjunctivitis are the strongest factors associated with bacterial conjunctivitis. Topical antibiotics decrease the duration of bacterial conjunctivitis and allow earlier return to school or work. Conjunctivitis secondary to sexually transmitted diseases such as chlamydia and gonorrhea requires systemic treatment in addition to topical antibiotic therapy. Allergic

conjunctivitis is encountered in up to 40% of the population, but only a small proportion of these individuals seek medical help; itching is the most consistent sign in allergic conjunctivitis, and treatment consists of topical antihistamines and mast cell inhibitors.

Abah E et al., (2011) conducted a study to determine the current prevalence and pattern of eye diseases affecting school children in Zaria. 327 children who completed a pre-designed school eye screening format was conducted. Consent was obtained from the school authority and the parents before the screening exercise. It involved assessment of visual acuity, anterior and posterior segment examination and colour vision testing. Intraocular pressure measurement and refraction were done for those with indications. The results showed that a total of 327 children were examined, out of which 45.6% (n=149) were males and 54.4% (n=178) were females. Age range 5-17 yrs with mean of 9.6 ± 3.1(SD). The commonest causes of eye disorders were refractive errors 8.0% , allergic conjunctivitis 7.3 % , glaucoma suspects 3.7% and colour deficiency 1.5%.

CHAPTER-III

METHODOLOGY

CHAPTER III

METHODOLOGY

The methodology of this study includes the research approach, research design, setting of the study, population, sample, sample size, sampling Technique, developing and description of the tool, method of data collection and plan for data analysis and interpretation of data.

RESEARCH APPROACH

The quantitative research approach was used for this present study to assess the impact of educational interventions on common health problems among school age children.

RESEARCH DESIGN

The pre experimental one group pre-test and post-test research design was used.

SETTINGS

This study was conducted in higher secondary school, Sothupakam, Kancheepuram district, Tamilnadu.

VARIABLES

Independent variable

Independent variable –educational intervention

Dependent variable

Dependent variable – knowledge of school age children on common health problems.

POPULATION

The population of this study comprises of 10-12 years of children.

SAMPLE

The sample for the present study was children with 10-12yrs of age who are studying sixth and seventh standard and willing to participate and present during the period of data collection.

SAMPLE SIZE

The total sample for the study was 60 children

SAMPLING TECHNIQUE

Simple random sampling technique was adapted for selecting the samples by random table.

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA

- Children with 10-12years of age.
- Children of Both the sex.
- Children with Consent from the parents.
- Children who are present during data collection period.

EXCLUSION CRITERIA

- Children who are not willing to participate in study.
- Children who are long absent.
- Children who are sick.

- Children who has past exposure of knowledge regarding common health problems.

INSTRUMENTS FOR DATA COLLECTION

The tool acts as an instrument to assess and collect the data from the respondents of the study. The descriptions of the tool are

PART-A: Demographic Variables

PART-B: Self structured questionnaire regarding common health problems among school age children.

CHAPTER- IV

DATA ANALYSIS AND INTERPRETATION

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from 60 samples of school children in Government higher secondary school at Sothupakkam. It deals with description of tool, report of the pilot study, reliability, validity, and informed consent, scoring procedure, scoring interpretation, data collection procedure and statistical method.

DESCRIPTION OF THE TOOL

The instrument was classified into 2 parts.

PART I

It consists of demographic variables such as age, sex, standard of class, religion, occupation of father, education of the father, monthly income of family, type of family, area at residence, source of previous information on prevention of common health problems among school age children.

PART II

It consists of 50 multiple choice questions related to common health problems among school age children, each correct answer was given a score of one and the wrong answer will be given the score of zero. The total possible score is 50.

REPORT OF PILOT STUDY

Prior permission from the authorities was obtained and individual consent taken from the six samples selected for the study .The pilot study was conducted in Government higher secondary school, Sothupakkam for a period of one week. The questionnaire method was used to find out the reliability, validity, feasibility and practicability of the tool which was evaluated by experts of the research committee. According to simple random sampling technique, six samples were taken and impact of educational interventions on prevention of common health problems among school age children was assessed. The result of the pilot study showed that there was a positive correlation between knowledge of school children and the study was found to be feasible.

VALIDITY

The tool was prepared by the investigator based on literature review, under the guidance of experts and on the basis of objectives, which were assessed and evaluated, accepted by experts of research committee. The content validity of the tool was obtained from research experts from the field of pediatric nursing.

RELIABILITY

The reliability was checked by inter rater method. The reliability was 0.76(76%). Reliability and practicability of tool wastested through the pilot study.

INFORMED CONSENT

The dissertation committee prior to the pilot study approved the research proposal. Permission was obtained from the Headmaster from the Government higher secondary school, Sothupakkam. The oral consent from each class teacher and school children was obtained before starting the data collection.

DATA COLLECTION PROCEDURE

The data collection period from 01.06.2014 to 16.07.2014.The main study was conducted in Government higher secondary school, Sothupakkam at Kanchipuram district. The investigator introduced him to the school children and developed a good rapport and made them to cooperate and accept the study. After getting demographic data from the school children, pretest was done with the help of the self-structured questionnaire, then educational interventions on common health problems among school age children was given through lecture cum discussion method using black board, flash cards, charts. Each session consists of to 10 students and duration of each session was 45 minutes. After Seven days, Posttest was conductedusing same evaluation tools. Based on the collected data, effectiveness was found by comparing the pretest and post test score.

SCORE INTERPRETATION

The instrument consists of 50 questions regarding common health problems among school age children like worm infestations, malnutrition,

obesity, dental caries, scabies, eye and ear problems. The maximum score was fifty and minimum score was zero based on the scoring percentage of knowledge calculated the using formula.

$$\text{Score interpretation} = \frac{\text{Obtained score}}{\text{Total Score}} \times 100$$

Based on information data were classified as follows.

≤ 50% - Inadequate knowledge

50-74% - Moderately adequate knowledge

≥ 75% - Adequate knowledge

STATISTICAL METHOD

Descriptive statistical analysis and inferential statistical analysis methods was used to find out the percentage, mean, standard deviation, Paired t test and chi square.

Table: 4.1

S. NO	DATA ANALYSIS	METHODS	REMARKS
1.	Descriptive analysis	The total number, percentage, mean and standard deviation.	To describe the demographic variables of school children.
2.	Inferential analysis	Paired ‘ t ’ test	Analyzing theimpact of educational interventions on common health problems among school age children.
		Chi square	To find out the association between selected demographic variables with post test score on prevention of common health problems among school age children.

DATA ANALYSIS AND INTERPRETATION HAVE BEEN DONE UNDER THE FOLLOWING HEADINGS

SECTION –A

Frequency and percentage distribution of demographic variables of school children about knowledge on prevention of common health problems.

SECTION – B

Comparison between pretest and posttest level of knowledge on prevention of common health problems among school children.

SECTION – C

Comparison between mean and standard deviation of pretest and posttest regarding impact of educational interventions on prevention of common health problems among school children.

SECTION – D

Mean and standard deviation of improvement score for impact of educational interventions on prevention of common health problems among school children.

SECTION – E

Analyzing the association between demographic variables and knowledge on prevention of common health problems among school children.

SECTION –A

TABLE 4.2: FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF SCHOOL CHILDREN ABOUT KNOWLEDGE ON PREVENTION OF COMMON HEALTH PROBLEMS.

NO=60

S.NO	DEMOGRAPHIC VARIABLES	NUMBER	PERCENTAGE
1.	Age		
	a. 10 yrs	3	3.33
	b. 11 yrs	16	26.67
	c. 12 yrs	42	70.00
2.	Sex		
	a. Male	42	70.00
	b. Female	18	30.00
3.	Standard of the student		
	a. V class	0	0.00
	b. VI class	10	16.67
	c. VII class	50	83.33
4.	Religion		
	a. Hindu	54	90.00
	b. Muslim	6	10.00
	c. Christian	0	0.00
	d. Others(specify)	0	0.00
5.	Educational status of father		
	a. Illiterate	12	20.00
	b. Primary education	32	53.33
	c. Secondary education	12	20.00
	d. Graduate/ Post graduate	4	6.67
6.	Occupation of father		
	a. Cooly	0	0
	b. Agriculture	44	73.33
	c. Private employee	10	16.67
	d. Government employee	4	6.67
	e. Business	2	3.33

6.	Income of the family a. <2000 per month b. 2001to 4000 per month c. > 4000 per month	 12 34 14	 20.00 56.67 23.33
7.	Type of the family a. Nuclear family b. Joint family	 12 48	 20.00 80.00
8.	Area of residence a. Rural b. Urban c. Semirural d. Semi urban	 46 10 4 0	 76.67 16.67 6.67 0.00
9.	Source of previous information regarding health problems is through a. Television b. School c. Magazine d. Health personnel e. More than one source of above f. Others (specify)	 0 60 0 0 0 0	 0.00 100 0.00 0.00 0.00 0.00

Table 4.2 depicts the frequency and percentage distribution of the demographic variables of school children. Out of 60 children, two (3.33%) aged 10 years, 16 (26.67%) were in 11 years, 42 (70.00%) in 12 years. With regard to the sex of the children 42(70%) male, 18 (30%) female. Regarding the standard of the student, 10 (16.67%) in VI class, 50(83.33%) in VII class. Regarding religion of the children 54 (90%) Hindu, six (10%) Muslimreligion. Regarding education of the father, 12 (20%) illiterate, 32 (53.33%) had primary education, 12 (20%) had secondary education, 4 (6.67%) graduates. Occupation of the father reveals that, 44 (73.33%) agriculture, ten (16.67) in private employed, four (6.67%) in government employed, two (3.33%) in business. Regarding income of the family, 12(20%) were earning

<2000monthly, 34 (56.67%) were earning 2001 to 4000monthly, 14 (23.33%) were earning > 4000 monthly. Concerning with the type of family, 12(20%) in nuclear family, 48 (80%) in joint family. Regarding area at residence, 46 (76.67%) from rural, ten (16.67%) from in urban, four (6.67%) from in semi-rural. Regarding source of previous information on prevention of common health problems, 60 (100%) got fromthe school.

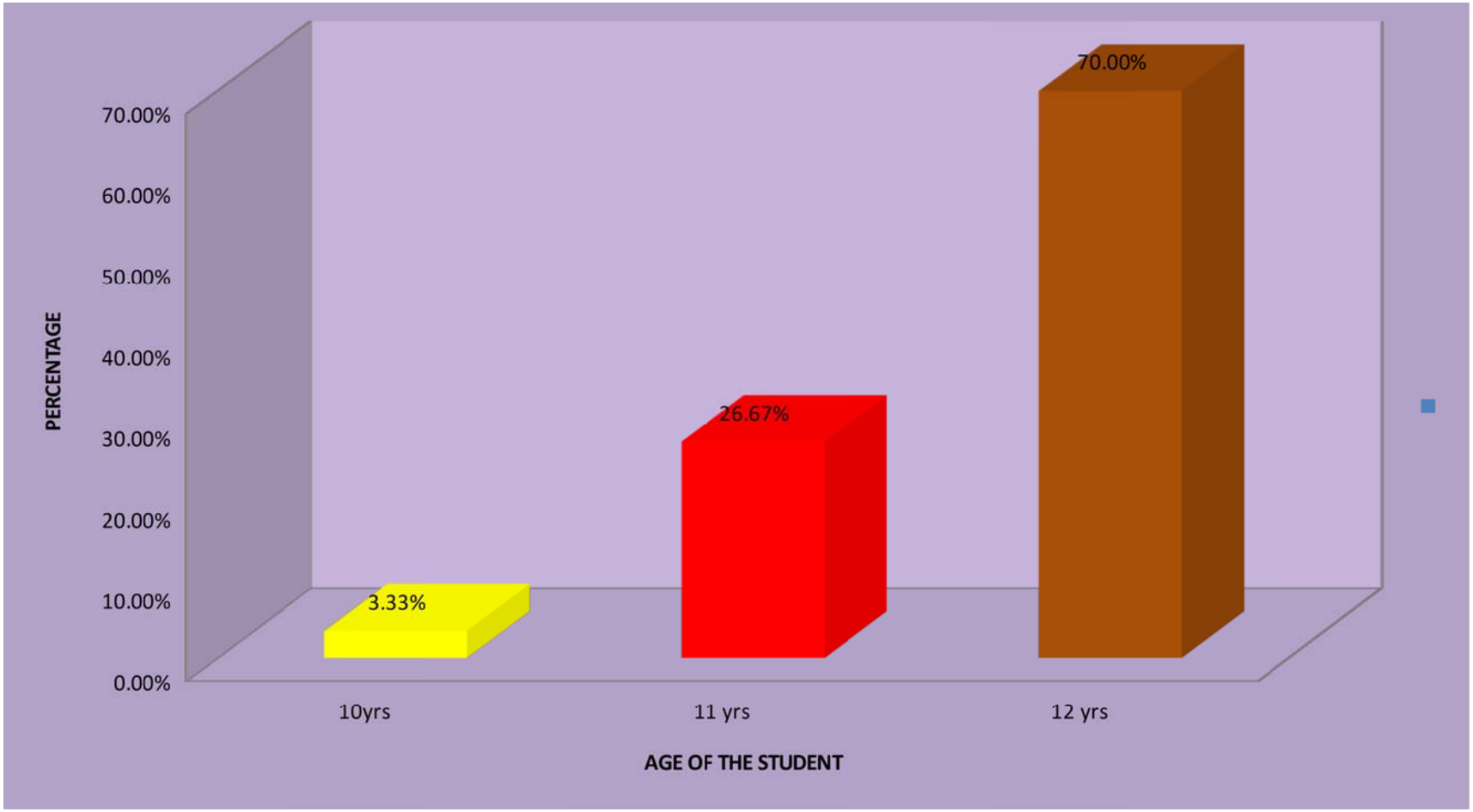

Fig.4.1.a: PERCENTAGE DISTRIBUTION OF SCHOOL AGE CHILDREN BASED ON AGE

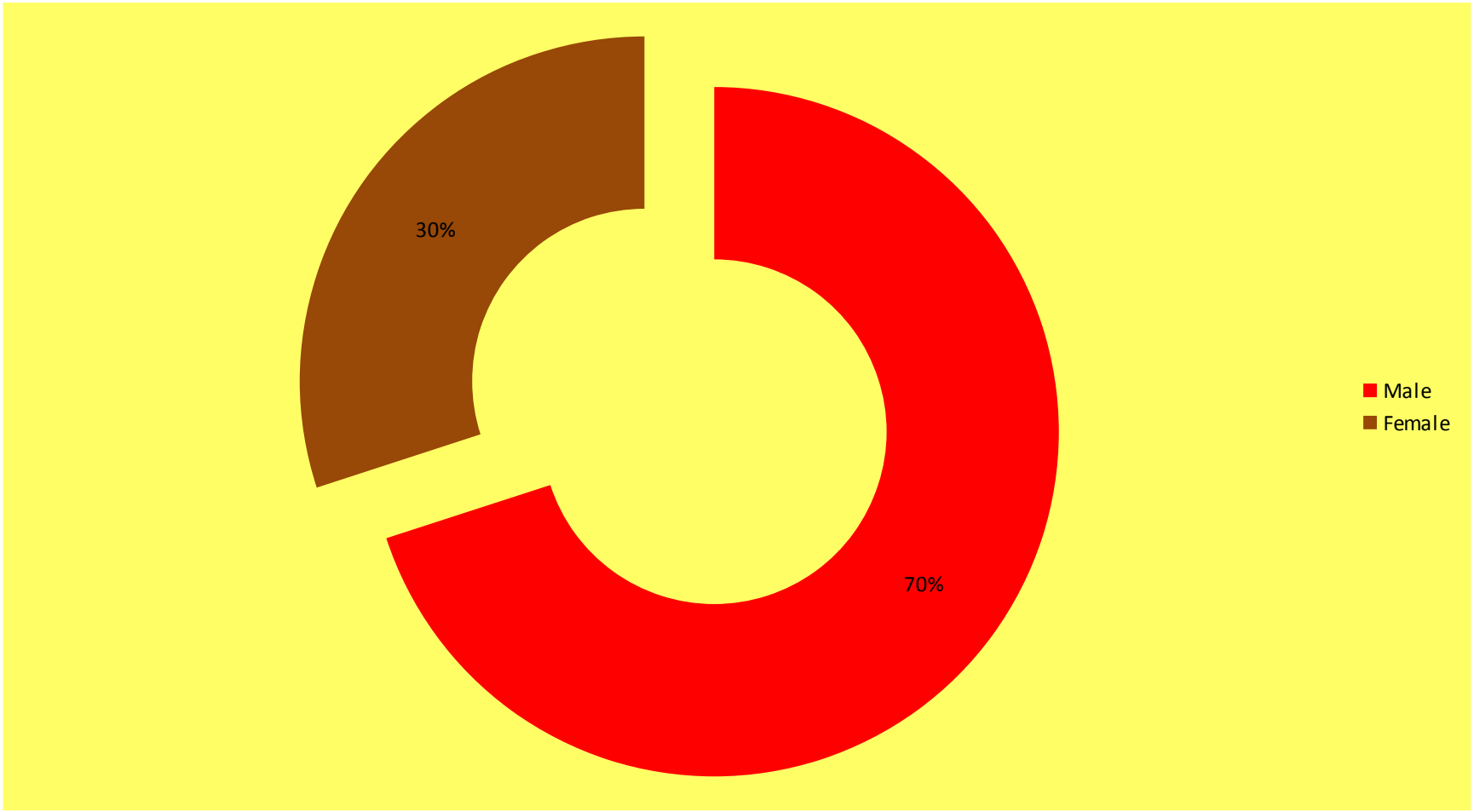

Fig.4.1.b: PERCENTAGE DISTRIBUTION OF SCHOOL AGE CHILDREN BASED ON GENDER

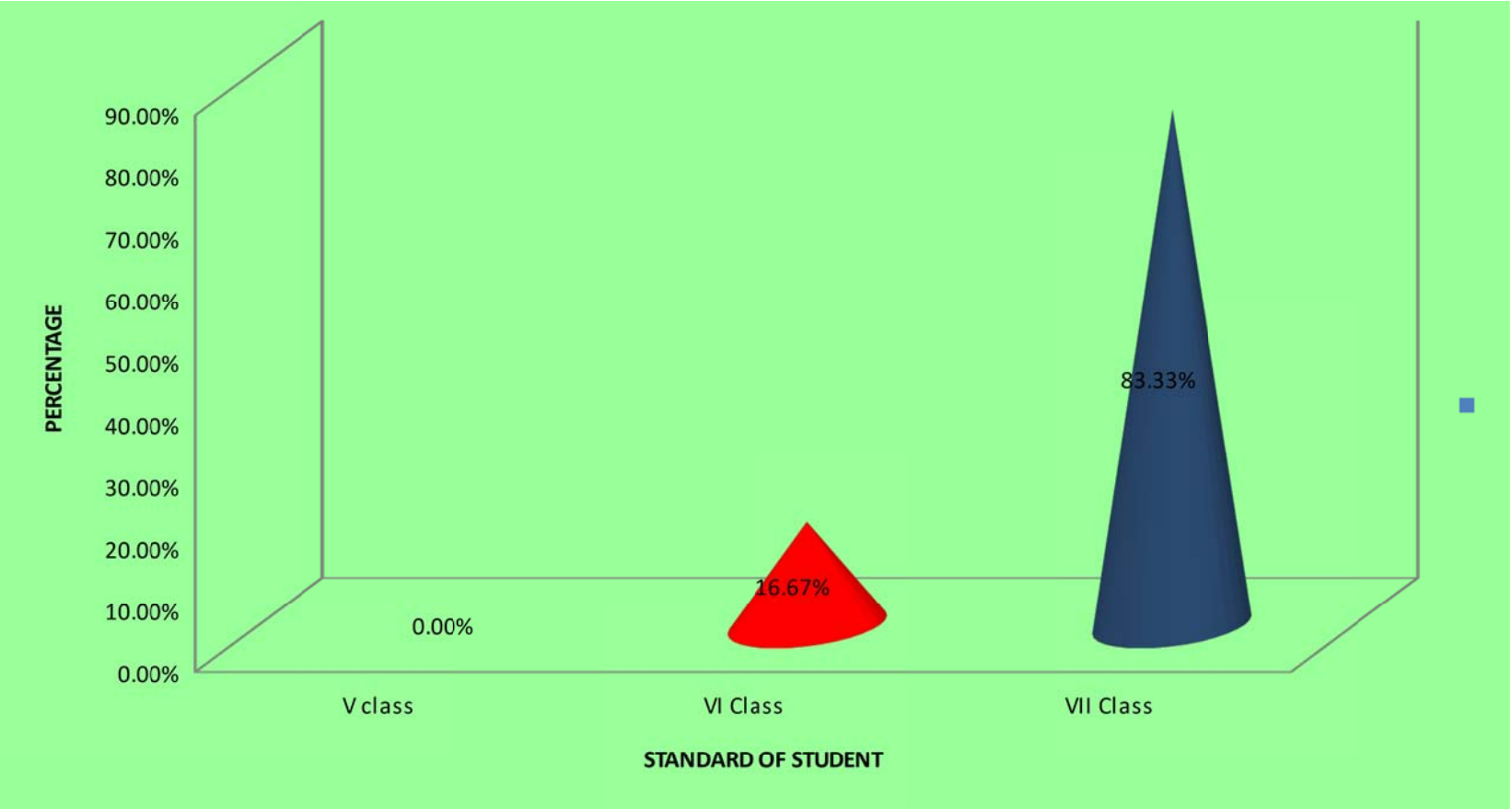

Fig.4.1.c: PERCENTAGE DISTRIBUTION OF SCHOOL AGE CHILDREN BASED ON STANDARD OF THE STUDENT

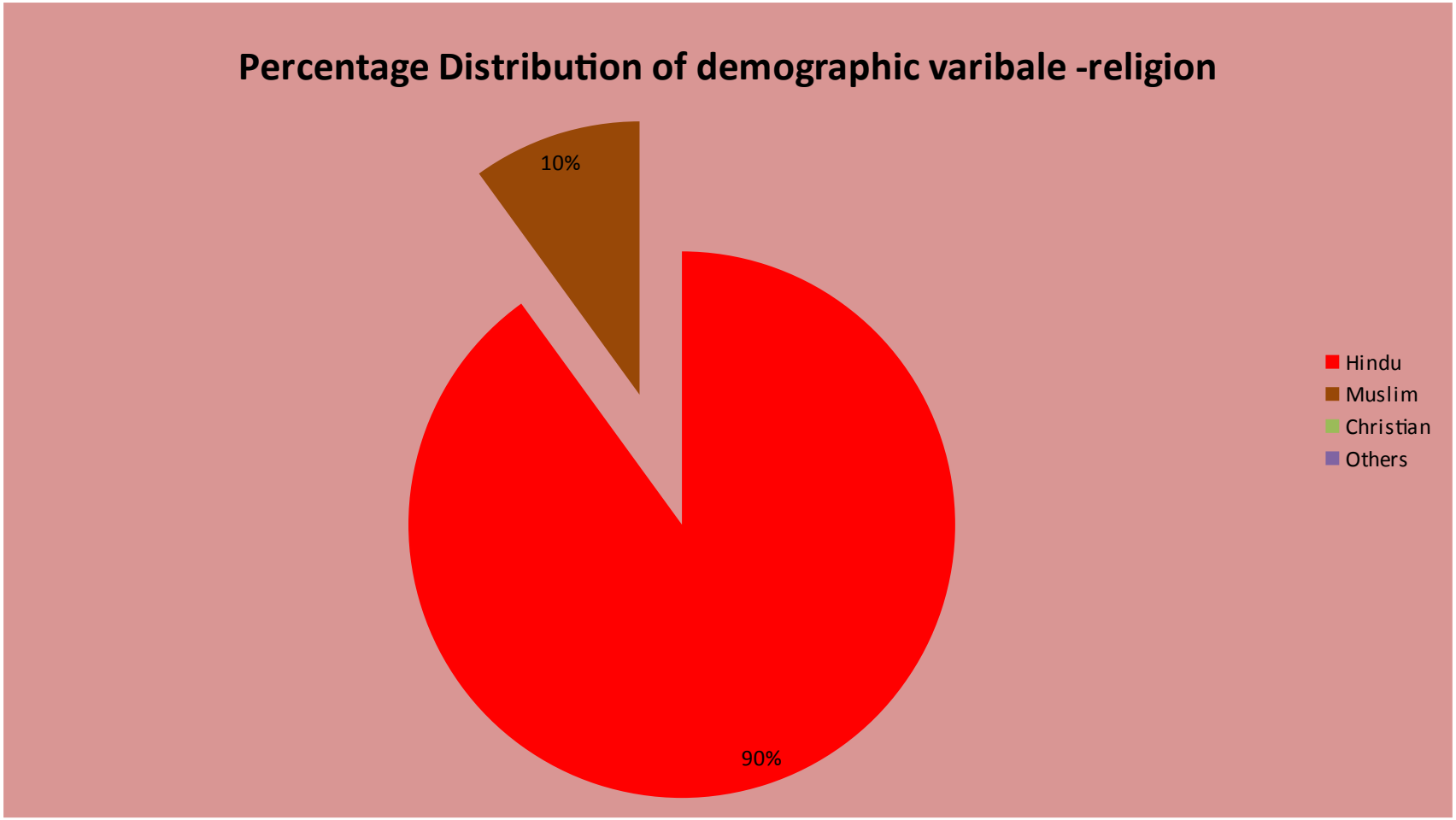

Fig.4.1.d: PERCENTAGE DISTRIBUTION OF SCHOOL AGE CHILDREN BASED ON RELIGION

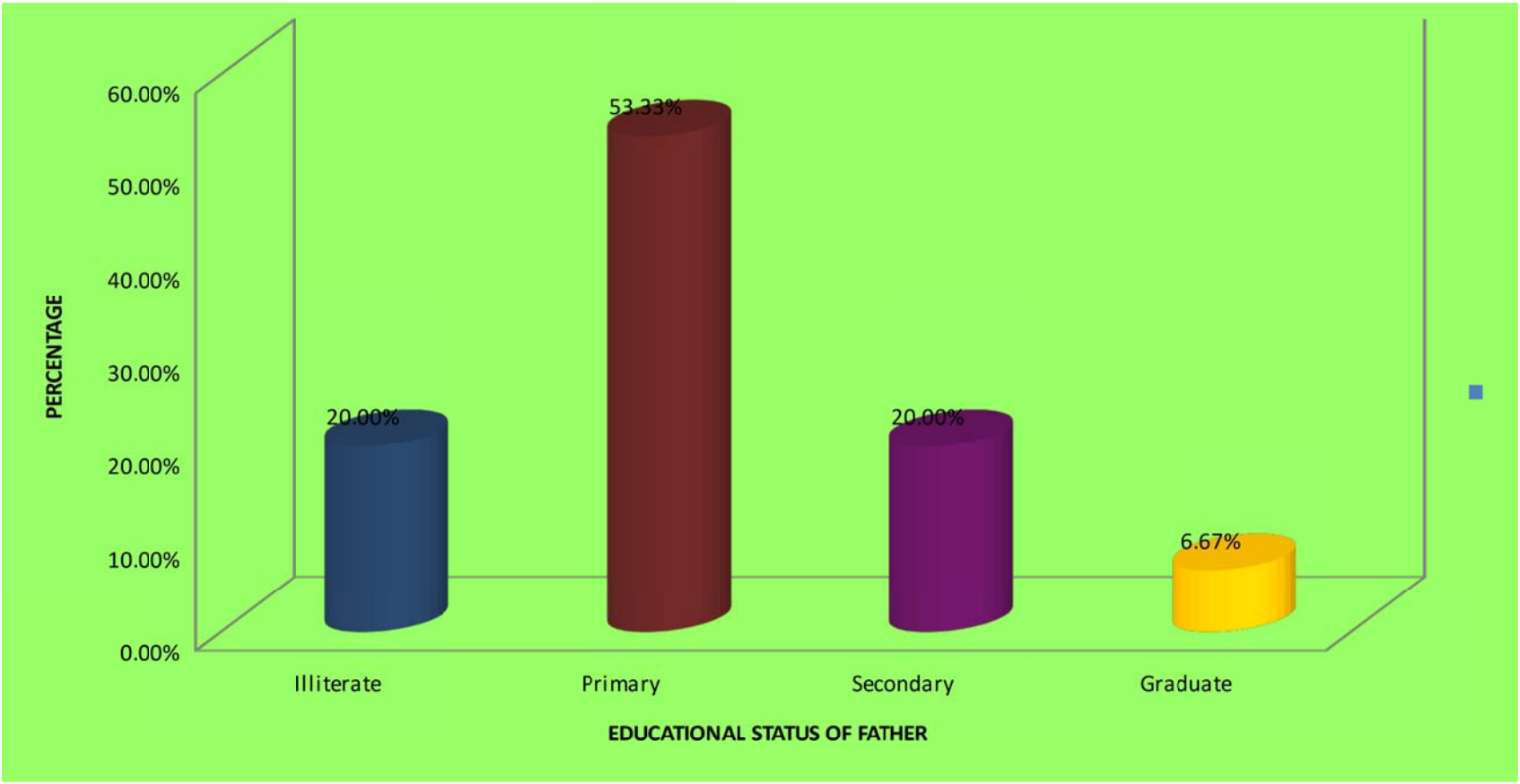

Fig.4.1.e: PERCENTAGE DISTRIBUTION OF SCHOOL AGE CHILDREN BASED ON EDUCATIONAL STATUS OF FATHER

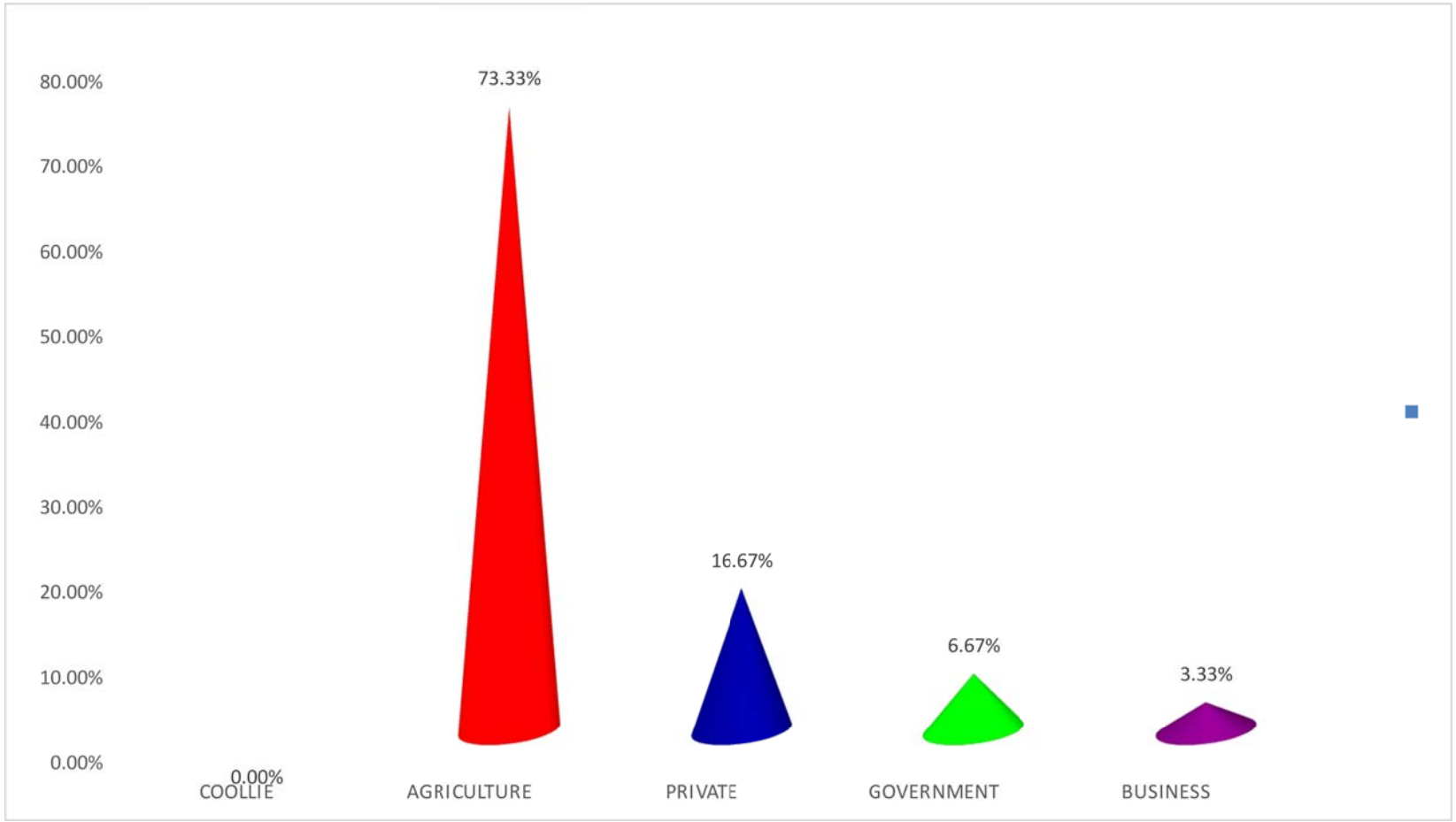

Fig.4.1.f: PERCENTAGE DISTRIBUTION OF SCHOOL AGE CHILDREN BASED ON OCCUPATION OF FATHER

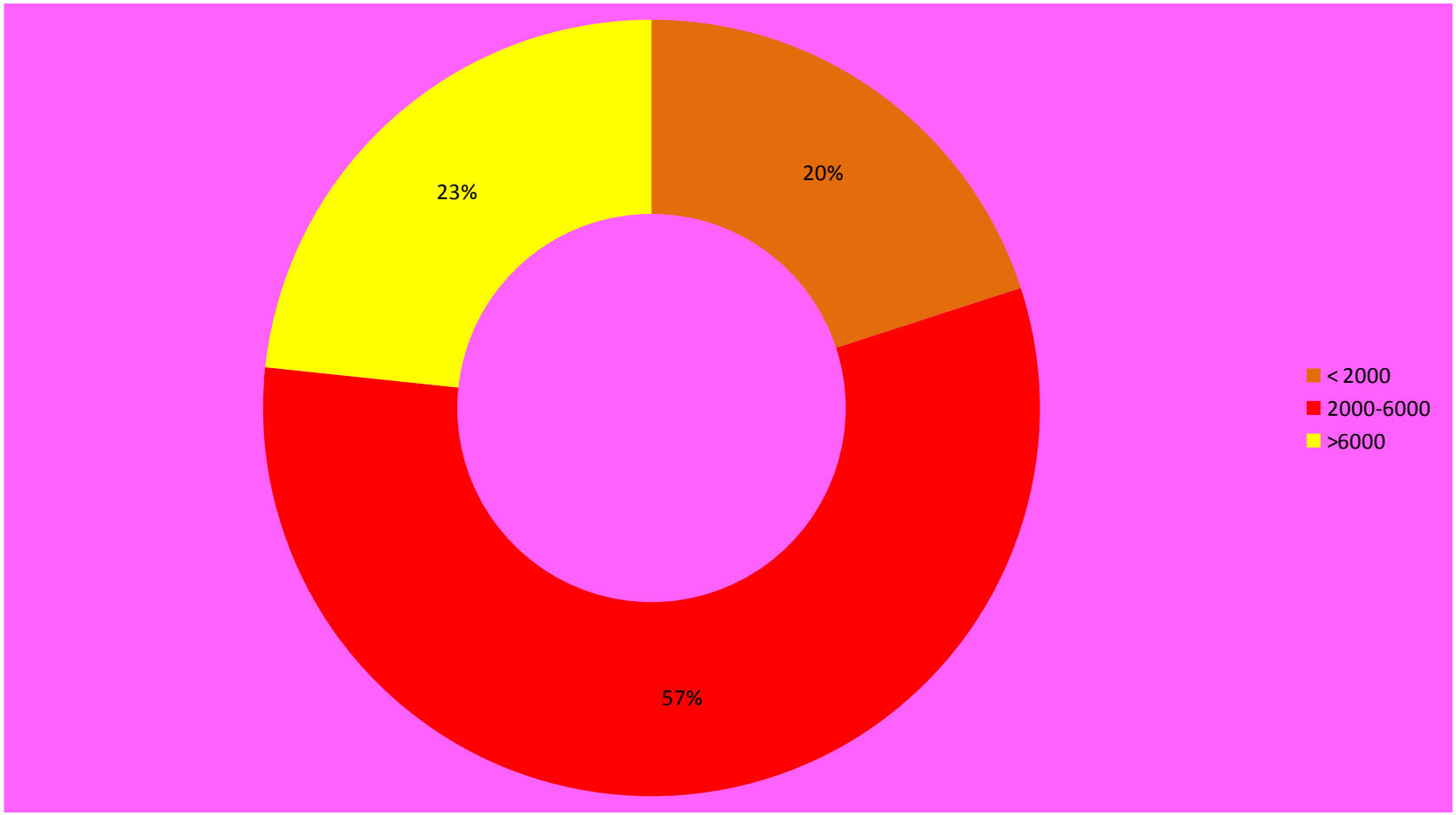

Fig.4.1.g: PERCENTAGE DISTRIBUTION OF SCHOOL AGE CHILDREN BASED ON INCOME OF THE FAMILY

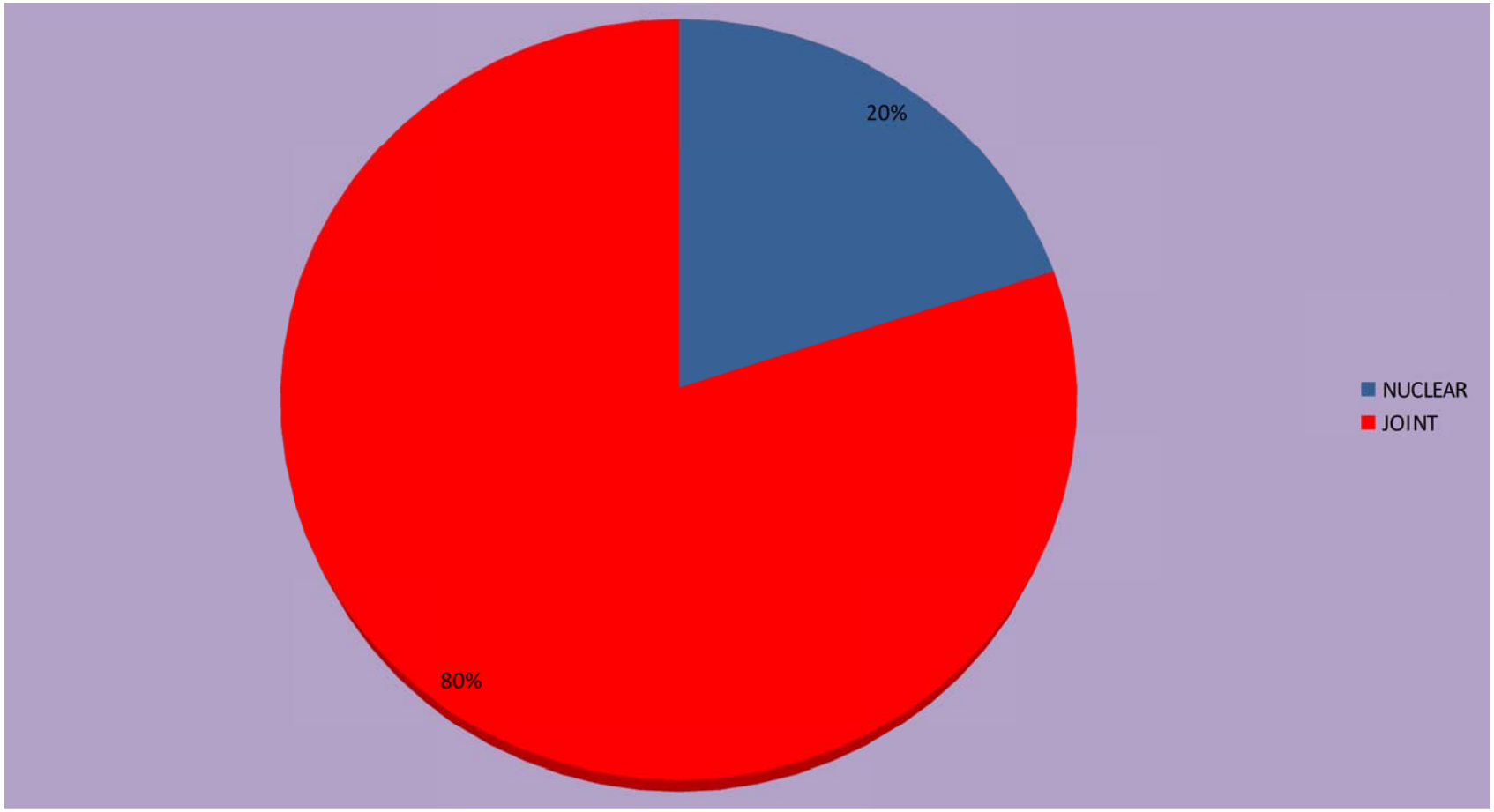

Fig.4.1.h: PERCENTAGE DISTRIBUTION OF SCHOOL AGE CHILDREN BASED ON TYPE OF THE FAMILY

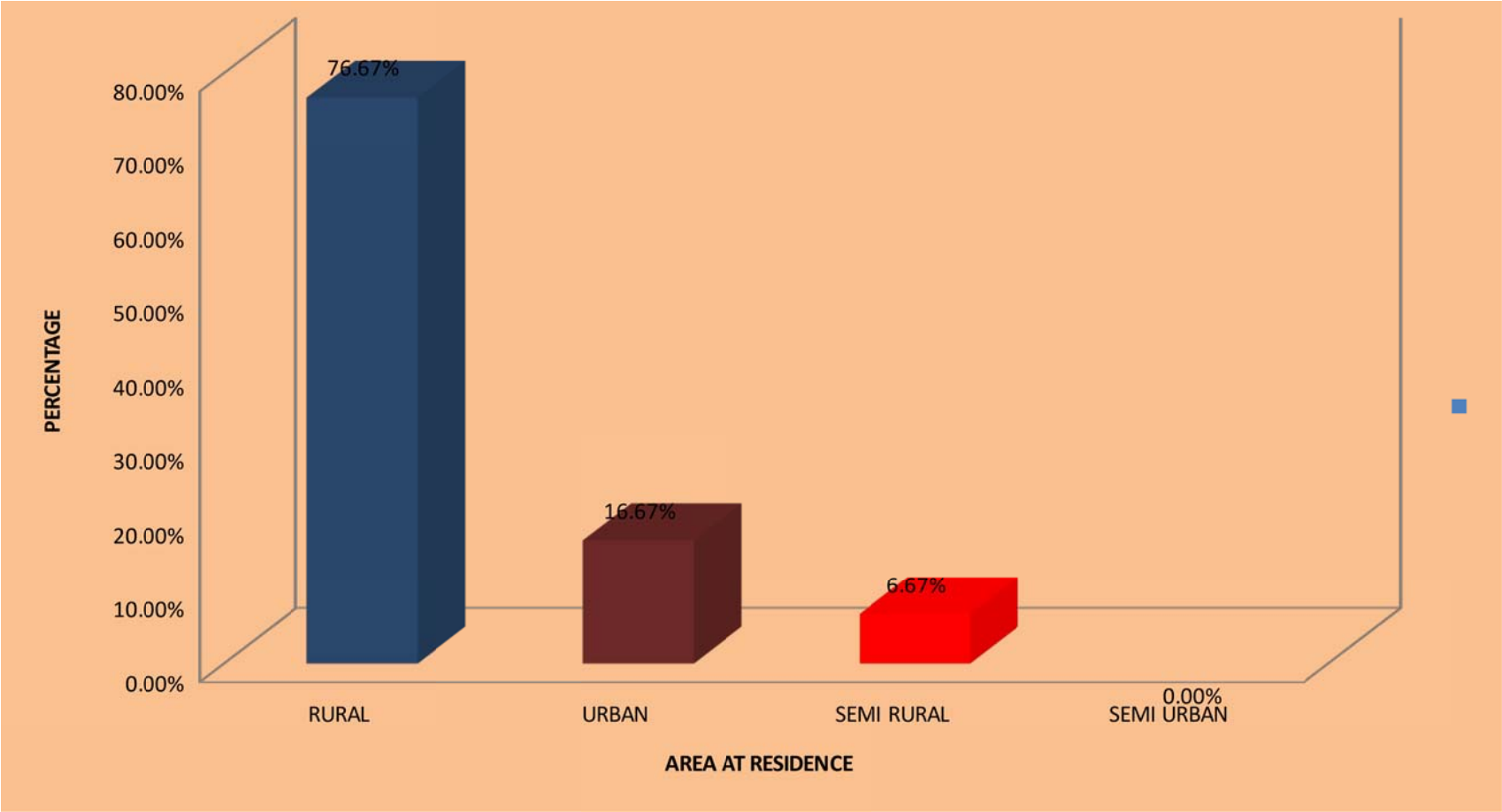

Fig.4.1.i: PERCENTAGE DISTRIBUTION OF SCHOOL AGE CHILDREN BASED ON AREA AT RESIDENCE

SECTION – B

TABLE – 4.3: COMPARISON BETWEEN PRETEST AND POSTTEST LEVEL OF KNOWLEDGE ON PREVENTION OF COMMON HEALTH PROBLEMS AMONG SCHOOL AGE CHILDREN

N=60

LEVEL OF KNOWLEDGE	ADEQUATE KNOWLEDGE		MODERATE KNOWLEDGE		INADEQUATE KNOWLEDGE		TOTAL	
	No	%	No	%	No	%	No	%
Pre test	0	0	14	23.33	46	76.67	60	100
Post test	48	80	12	20	0	0	60	100

Table 4.3 shows that the knowledge on prevention of common health problems among school age children through the pretest and posttest based on questionnaire method. On the pretest among 60 school children 14 (23.33%) had moderately adequate knowledge, 46 (76.67%) school children had inadequate knowledge. In the posttest 48 (80%) had adequate knowledge, 12 (20%) school children had moderately adequate knowledge and none of them had inadequate knowledge.

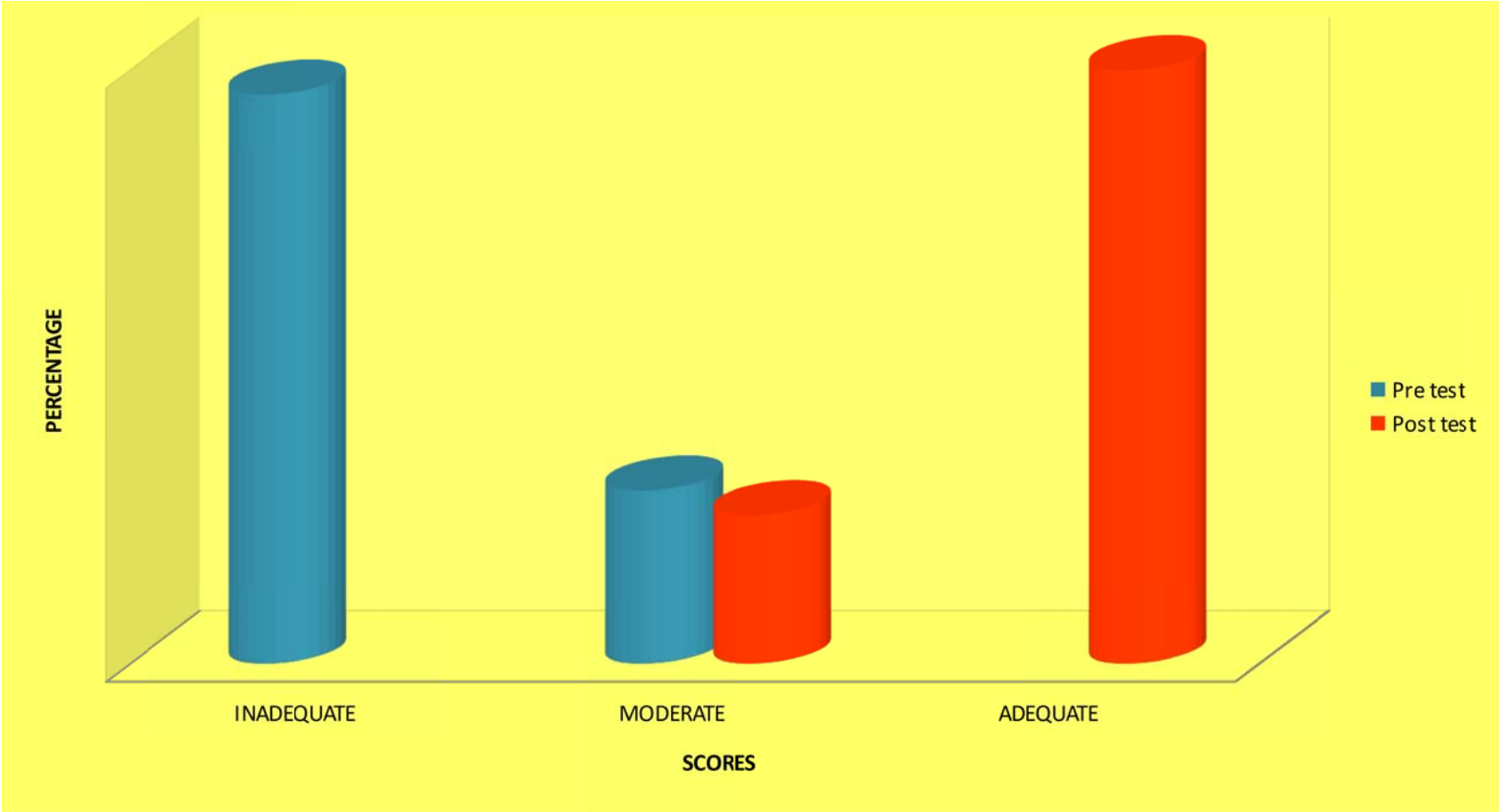
PERCENTAGE
Pre test
Post test
INADEQUATE
MODERATE
ADEQUATE
SCORES

FIG.4.3: COMPARISION BETWEEN PRETEST AND POSTTEST ON LEVEL OF KNOWLEDGE ON PREVENTION OF COMMON HEALTH PROBLEMS AMONG SCHOOL AGE CHILDREN

SECTION – C

TABLE – 4.4: COMPARISON BETWEEN MEAN AND STANDARD DEVIATION OF PRETEST AND POSTTEST REGARDING IMPACT OF EDUCATIONAL INTERVENTIONS ON PREVENTION OF COMMON HEALTH PROBLEMS AMONG SCHOOL CHILDREN.

N=60

S.NO	LEVEL OF KNOWLEDGE	MEAN	N	STANDARD DEVIATION	STANDARD ERROR MEAN
1	PRE TEST	23.233	60	3.7183	.48003
2.	POST TEST	39.933	60	3.8416	.49595

Table 4.4 shows that the overall mean of knowledge regarding prevention of common health problems among school children was 23.33 with the standard error mean .48003 and standard deviation of 3.7183 in pretest and the overall mean of knowledge regarding prevention of common health problems among school children posttest was 39.933 with the standard error mean .49595 and standard deviation of 3.8416

SECTION – D

TABLE – 4.5: MEAN AND STANDARD DEVIATION OF IMPROVEMENT SCORE FOR IMPACT OF EDUCATIONAL INTERVENTIONS ON PREVENTION OF COMMON HEALTH PROBLEMS AMONG SCHOOL CHILDREN.

N=60

S. NO	LEVEL OF KNOWLEDGE	MEAN	STANDARD DEVIATION	STANDARD ERROR MEAN	't' VALUE	CONFIDENCE INTERVAL
1.	Improvement score	16.70	1.54	0.20	83.80	16.30-17.10

Table 4.5 reveals that the mean and standard deviation of improvement score for impact of educational interventions on common health problemsamong 60 school age children. The improvement score of mean value was 16.70 with the standard deviation of 1.54 and the't' test value was 83.80 which were statistically significant. It implies that the educational interventions was effective and showed improvement in knowledge level of school children about prevention of common health problems at $P<0.05$

SECTION – E

TABLE – 4.6: ANALYZING THE ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES AND KNOWLEDGE ON SELECTED FIRST AID MEASURES AMONG SCHOOL CHILDREN.

N=60

S. NO	DEMOGRAPHIC VARIABLES	POST TEST				χ^2	P VALUE
		Moderate		Adequate			
		No	%	No	%		
1.	Age						
	a. 10 yrs	2	3.33	0	0		
	b. 11 yrs						
	c. 12 yrs	2	3.33	14	23.33	0.001	0.014
		8	13.33	34	56.67	NS	
2.	Sex						
	a. Male	8	13.33	34	56.67	0.079	0.778
	b. Female						
		4	6.67	14	23.33		
3.	Standard of the student						1
	a. V class	0	0	0	0	0.004	
	b. VI class						
	c. VII class	2	3.33	8	13.33		
		10	16.67	40	66.67		

4	Religion a. Hindu b. Muslim c. Christian d. Others(specify)	12 0 0 0	20 0 0 0	42 6 0 0	66.67 10.0 0 0	1.667 NS	0.197
5.	Educational status of father a. Illiterate b. Primary education c. Secondary education d. Graduate/ Post graduate	2 8 2 0	3.33 13.33 3.33 0	10 24 10 4	16.67 40.00 16.67 6.67	1.667 NS	0.644
6	Occupation of the father a. Coolly b. Agriculture c. Private employee d. Government employee e. Business	0 10 0 2 0	0 16.67 0 3.33 0	0 34 10 2 2	0 56.67 16.67 3.33 3.33	5.455 NS	0.141
7.	Income of the family a. <2000 per	2	3.33	10	16.67	0.001	0.047

	month b. 2001-4000 c. >4000 per month	4 6	6.67 10	30 8	50.0 13.33	NS	
8.	Type of the family a. Nuclear family b. Joint family	4 8	6.67 13.33	8 40	13.33 66.67	1.667 NS	0.197
9.	Area of residence a. Rural b. Urban c. Semirural d. Semi urban	10 2 0 0	16.67 3.33 0 0	36 8 0 0	60.0 13.33 0 0	1.087 NS	0.581

NS –NOT SIGNIFICANT

Table 4.6 shows that the demographic variables of age of children, sex, standard of student, religion, educational status of the father, occupational status of the father, income of the family, type of family, area at residence, source of knowledge regarding prevention of common health problems among school age childrenhad no significant association with the level of knowledge.

CHAPTER-V

RESULTS AND DISCUSSION

CHAPTER –V

RESULTS AND DISCUSSION

The aim of the study was to assess the impact ofeducational interventions on prevention of common health problems among school age children. A total number of 60 school children had been selected for the study. The pretest was conducted using questionnaire. The duration of the pretest ranged from 20-30 minutes for each student. After the pretest,educational interventions are given to the school children. After seven days, post test was conducted by using same questionnaire.

The study was proved that educational interventions has brought about excellent changes in the level of knowledge regarding prevention of common health problems among school age children.

The first objective was to assess the knowledge on prevention of common health problems among school age children.

The assessment of the knowledge regarding prevention of common health problems among school age children was carried out in Government Higher Secondary School, Sothupakkam at Kanchipuram district. The table 4.3 showed that among 60 school children in pretest14 (23.33%) had moderately adequate knowledge, 46 (76.67%) school children had inadequate knowledge.

The second objective was to evaluate the effectiveness educational interventions on prevention of common health problems among school age children.

Table 4.3 showed that, in the posttest 48 (80%) had adequate knowledge, 12 (20%) school children had moderately adequate knowledge and none of them had inadequate knowledge. Table 4.4 showed thatthe overall mean of knowledge regarding prevention of common health problems among school childrenposttest was 39.933 with the standard error mean .49595 and standard deviation of 3.8416. Table no: 4.5 showed that the improvement score of mean value was 16.70 with the standard deviation of 1.54and the 't' test value was 83.80 which were statistically significant.

The third objective was to find out the post test score on prevention of common health problems among school age children with selected demographic variables.

Table 4.6 shows that the demographic variables of age of children, sex, standard of student, religion, educational status of the father, occupational status of the father, income of family, type of family, area at residence, source of knowledge had no significant association with the level of knowledge.

CHAPTER-VI

SUMMARY AND CONCLUSION

CHAPTER –VI

SUMMARY & CONCLUSION

SUMMARY

The present study was conducted to assess the impact of educational interventions on prevention of common health problems among school age children. Pre experimental one group pretest and posttest research design was used for this study 60 school children who met the inclusion criteria were selected from Government Higher Secondary School at Sothupakkam by using simple random sampling technique. The investigator first introduced him to the students and developed a rapport with them. The pretest was conducted with the questionnaire then educational interventions were given to the school children regarding prevention of common health problems among school age children. Seven days after the educational interventions, post test was conducted by using same evaluation tool. The data collected was grouped and analyzed by using descriptive statistics and inferential statistics.

CONCLUSION

In pretest out of 60 school children, 46 (76.67%) children had processing inadequate knowledge and 14 (23.33%) had moderately adequate knowledge. In posttest 12 (20%) had moderately adequate knowledge and 48(80%) had adequate knowledge. The‘t’ value 83.80 was compared with tabulated table value at the level of $P < 0.05$ was significant .So it concluded

that the educations interventions on prevention of common health problems among school age children was effective.

NURSING IMPLICATIONS

The findings of the study have implications in different branches of nursing that is nursing practice, nursing education, nursing administration and nursing research, by assessing a level of school age children knowledge towards the prevention of common health problems. The investigator received a clear picture regarding the different steps to be taken in different field to improve the same.

IMPLICATION FOR NURSING PRACTICE

- Pediatrician, pediatric health nurse and other health professionals should be aware of common health problems among school age children and educate to school children. The school health programme is an important part of national health programme. The purpose is to maintain, improve and promote the health of every school child. The school health programme also includes planning the course content prevention of common health problems among school age children.
- The teaching given and it showed that there was an increase in the knowledge and attitude of the school children regarding prevention of common health problems among school age children. This would facilitate awareness among school children about prevention of common health problems.

IMPLICATION FOR NURSING EDUCATION:

- The study outlines, the significance of short term courses and in-service education to equip nurses with the current knowledge on preventing common health problems among school age children.
- Nurse educators when planning and instructing nursing students, should provide opportunities for students to gain the knowledge in teaching students in preventing common health problems among school age children.
- Nursing personnel should be given in-service education to update their knowledge.
- Nurse educators when instructing the students, should provide adequate opportunity for each student.

IMPLICATION FOR NURSING ADMINISTRATION:-

- With technology advanced and ever growing challenges of health care needs. The college and hospital administration, have a responsibility to provide nurses, nurse educators with continuing education opportunities on prevention common health problems among school age children. This will enable the nurses to update their knowledge and to acquire special skills.
- The study finding will help the administrator to arrange continuing education programme for nurses regarding prevention common health problems among school age children. It helps to prepare adequate learning material for giving health education.
- The nurse administrator should take active part in the policy making, developing protocol, standing orders related health education.

- An educational programme on prevention common health problems among school age childrenneed adequate supervision by nursing administrator and motives them to carry out educative roles.

IMPLICATION FOR NURSING RESEARCH:-

- There is a need for intensive and extensive research in this area. It opens a big avenue for research on innovative methods of creating awareness, development of teaching material and setting up multimedia centers for teaching and for creating awareness among the public regarding prevention of common health problems among school age children.
- These study findings will identify the present knowledge about prevention of common health problems among school age childrento know extent of necessary information to be given.
- This study will motivate other investigator to conduct future studies regarding this topic.
- This study will help the nurse researchers to develop insight into the developing module and set information towards awareness about prevention of common health problems among school age children.

RECOMMENDATIONS:-

Based on the research findings the following recommendations can be made:

- The same study can be replicated on a larger sample and also at different settings.

- A comparative study can be done between rural and urban school children.
- A descriptive study on assessing the knowledge and attitude of school children on prevention of common health problems among school age childrenand their practice can be done.
- A structured teaching programme on prevention of common health problems among school age children can be prepared and given to the teachers and the parent's.So that they can impact knowledge to all school going children.
- The effectiveness of various methods of teaching like interactive video and audio programmed instructions, self-instructional module about prevention of common health problems among school age children, in implementing the knowledge and attitude of school children and their practice can be tested and evaluated through the research.
- The video programme on prevention of common health problems among school age childrencan be shown to the teachers and parent's .so that they can impart knowledge to all school going children.

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APPENDICES

PART-I

DEMOGRAPHIC VARIABLES

1. Age
    d. 10 yrs
    e. 11 yrs
    f. 12 yrs
2. Sex
    c. male
    d. female
3. Standard of the student
    d. V class
    e. VI class
    f. VII class
4. Religion
    e. hindu
    f. muslim
    g. christian
    h. others(specify)
5. Educational status of father
    e. illiterate
    f. primary education
    g. secondary education
    h. graduate/ post graduate
6. Occupation of the father
    a. coolly
    b. agriculture
    c. private employee
    d. government employee
    e. business
7. SIncome of the family
8. Type of the family
    c. nuclear family
    d. joint family
9. Area of residence
    e. rural
    f. urban
    g. semirural
    h. semi urban

10. Source of previous information regarding health problems from
    g. television
    h. school
    i. magazine
    j. health personnel
    k. more than one source of above
    l. others (specify)

PART-II

SECTION-I: QUESTIONS RELATED TO WORM INFESTATIONS

	PRE TEST	POST TEST
1. Worm infestations means a. eating of worms b. presence of worms in once body c. presence of worm in unhygienic places	☐	☐
2. Worm infestations mainly causes by a. poor sanitation, poverty b. obesity, malnutrition c. playing, jumping	☐	☐
3. The symptoms of worm infestations are a. fever, vomiting b. head ache, loose motions c. stomach pain, lack of hungry	☐	☐
4. Worm infestations can be transmitted by a. droplet transmission b. feco-oral transmission c. blood born transmission	☐	☐
5. Untreated Worm infestations leads to a. anemia b. shock c. renal failure	☐	☐
6. Worm infestations spreads by a. unhygienic hands & food b. blood c. direct contact	☐	☐
7. Measures to prevent worm infestations is a. drinking more water b. hygienic practices c. avoiding junk foods	☐	☐
8. Prevention of worm infestations is done by a. eat properly cooked foods b. eat raw meat c. eat dry fish	☐	☐
9. Best method to prevent worm infestations is a. hand washing b. playing c. sleeping in time	☐	☐
10. Sanitary precautions to be carried out to prevent worm infestations is to a. avoid open field defecation b. play in sand with bare foot c. play with pets	☐	☐

SECTION-II: QUESTIONS RELATED TO MALNUTRITION

11. Meaning of malnutrition is	☐	☐

a. inability to use nutrients properly
b. adequate use of nutrients
c. lack of nutrients

12. The types of malnutrition are
    a. under nutrition, over nutrition
    b. high nutrition, low nutrition
    c. hypo nutrition, hyper nutrition
13. Common nutritional deficiency disorders are
    a. malaria, filarial
    b. marasmus, kwashiorkor
    c. loss motions vomiting
14. Common over nutritional disorders are
    a. obesity, diabetes, hypertension
    b. decreased weight, infections
    c. loss motions, vomiting
15. Under nutrition will have
    a. decreased body weight, decreased immunity
    b. decreased body weight, increased immunity
    c. increased bodyweight, increased immunity
16. Malnutrition is caused by
    a. inadequate food, infections
    b. renal disorders
    c. cardiac disorders
17. Balanced diet is the foods containing
    a. energy yielding & body building foods
    b. energy yielding & fat yielding foods
    c. energy yielding & protective
18. Energy yielding foods are
    a. cereals
    b. meat
    c. fish

19. body building foods are rich in
    a. carbohydrates
    b. vitamins
    c. proteins
20. Food contents rich in calcium
    a. milk & cheese
    b. fish & eggs
    c. bread & flour

SECTION-III: QUESTIONS RELATED TO OBESITY

21. Meaning of Obesity is
    a. over weight gain
    b. over weight loss

c. normal weight

22. Obesity is commonly caused by
    a. overplaying
    b. over reading
    c. unhealthy eating pattern

23. Obesity can be identified by
    a. checking height
    b. checking weight
    c. comparing height and weight

24. Obesity can be prevented by
    a. balanced diet
    b. over eating
    c. avoid eating

25. Best method to reduce weight
    a. increased physical activity
    b. decreased physical activity
    c. taking rest

26. Foods stuff to be avoided to prevent obesity are
    a. junk foods
    b. green vegetables
    c. fruits

27. Food recommended for a child with obesity
    a. low caloric diet
    b. low fat diet
    c. high caloric diet

28. Untreated obesity leads to
    a. diabetes
    b. skin diseases
    c. body pains

29. Obesity is prevented by
    a. Fasting
    b. Skipping breakfast
    c. Walking dail

30. In obese child, the weight should monitored once
    a. once a week
    b. daily
    c. once a year

SECTION-IV: QUESTIONS RELATED TO DENTAL CARIES AND SCABIES

31. Meaning of Dental caries is
    a. carrying of teeth
    b. tooth decay
    c. healthy teeth

32. Risk factors of dental caries are
    a. poor teeth care, acidic food, carbohydrates
    b. good oral hygiene, basic foods, fats
    c. salivation, adequate nutrition

33. Dental caries children will have

a. decaying of tooth
b. strengthen of tooth
c. normal tooth

34. Preventive measures of dental caries are
    a. oral hygiene and dietary modification
    b. taking rest
    c. bathing daily
35. Dietary modification in dental caries are
    a. decreased sugars & fats
    b. decreased sugars & proteins
    c. decreased sugars& carbohydrates
36. To prevent dental cariesbrushing should be done
    a. before meals
    b. after meals
    c. during meals

37. Meaning of Scabies
    a) burning of skin
    b) itching of skin
    c) cold skin
38. Signs of children with scabies will have are
    a) itching
    b) burning
    c) fever
39. Scabies spreads by
    a) skin to skin contact
    b) through droplet
    c) through blood
40. Scabies can be prevented by
    a) using separate personnel items
    b) sharing personal items
    c) continuous washing of items
41. Scabies mites spread by
    a) direct contact
    b) droplet
    c) blood products

SECTION-V: QUESTIONS RELATED TO EAR AND EYE DISORDERS

42. Common ear problems in children are
    a) wax, otitis
    b) fever, cold
    c) drainage, pain
43. Ear blockage can be prevented by
    a) avoiding use of cotton tipped swabs
    b) use of coconut oil into ear
    c) wiping ear with towel
44. Otitis is cause by

a) frequent upper respiratory infections
b) over crowding
c) playing

45. Best method in preventing otitis is
    a) listening music through earphones
    b) maintaining adequate ear hygiene
    c) using cotton buds to clean ear

46. Common eye disorders in children are
    a) conjunctivitis
    b) tears from eyes
    c) normal vision

47. Conjunctivitis means
    a) blinking of eyes
    b) inflammation of conjunctiva
    c) poor vision

48. Conjunctivitis is identified by
    a) redness of eye
    b) blinking of eyes
    c) poor vision

49. Prevention of conjunctivitis is preventedby
    a) wetting the eye
    b) protect eye from dust
    c) use oil into eyes

50. Conjunctivitis is prevented through
    a) avoiding use of personal items
    b) sharing personal items
    c) none

STUDENT PROFILE

Course	:	M.sc (N) II year
Subject	:	Pediatric nursing
Topic	:	PREVENTION OF COMMON HEALTH PROBLEMS AMONG SCHOOL AGE CHILDREN
Group	:	Children aged between 10 – 12 years
Venue	:	Government Higher Secondary School, Sothupakkam
Duration	:	45 min
Student teacher	:	P. SURYAPRAKASH
Method of teaching	:	Lecturer cum discussion
A.V aids	:	Chart, flash card and handouts

CENTRAL OBJECTIVE

Help the students to acquire adequate knowledge about "Prevention of common health problems among school age children" and to develop desirable attitude and skills to lead a healthy life style.

SPECIFIC OBJECTIVES

The group will be able to

- ✓ define common health problems
- ✓ enlist the causes of worm infestations, obesity, malnutrition, dental carries, scabies, otitis media, conjunctivitis
- ✓ list out the clinical manifestations of worm infestations, obesity, malnutrition, dental carries, scabies, otitis media, conjunctivitis
- ✓ enumerate the management of worm infestations, obesity, malnutrition, dental carries, scabies, otitis media, conjunctivitis

- ✓ explain the prevention of worm infestations, obesity, malnutrition, dental carries, scabies, otitis media, conjunctivitis

Sl.no	Contributory objectives	Time	Content	Student's activity	Learner's activity
1.	define worm infestations	2min	WORM INFESTATIONS: DEFINITION: the parasitic invasaion into alimentary tract is know as worm infestation. Common types of intestinal worms: • Round worms • Tape worm • Whip worm • Pin worm • Hook worm Mode of transmission: Common mode of spread of intestinal worms by ingestion of contaminated food and water. • Contaminated soil, food • Faeco oral route • Through feet by penetrating skin	Lecture cum discussion by using av aids	Listening and clarifying their doubts

2.	Causes of worm infestation	2min	• Through infected meat Predisposing factors: • Lack of sanitary latrine • Habiting open air defecation • Using non composted fecal material as fertilizer • Bare foot walking • Intake of mud, contaminated food and water Signs & symptoms:	Lecture cum discussion by using av aids	Listening and clarifying their doubts
3.	Signs & symptomsof worm infestation	1 min	• Intermittent abdominal pain • Distension of the abdomen • Anal itching • Nausea, vomiting • Weight loss • Loss of appetite • Weakness • Diarrhea & constipation • Indigestion Complications: If child suffering from prolonged period of worm infestations, they may develop some complications like ➢ Vitamin A deficiency ➢ Pneumonia	Lecture cum discussion by using av aids	Listening and clarifying their doubts

4. 5.	Management of worm infestation Prevention of worm infestations	2 min 2 min	➢ Intestinal obstruction ➢ Anaemia ➢ Part of the intestine protruding through through anus Management: Drug of choice is - mebendazole 100mg twice a day for three days. - Albendazole 400mg single dose Prevention: Primary prevention: a. Health promotional activities: - Use of sanitary latrine & its maintence. - Personal hygiene -Water & food hygiene -Habits b. Specific protection: Medications for deworming at 6 months interval tab.Abendazole 400mg Secondary prevention: - Early diagnosis of the disease condition. Worm infestation and screening for signs and symptoms among high risk ground. - Complete treatment with anthi helmentic drugs - Diet rich in nutrients, correction of anemia.	Lecture cum discussion by using av aids Lecture cum discussion by using av aids	Listening and clarifying their doubts Listening and clarifying their doubts

			Tertiary prevention: If a person has any complications of worm infestations refers doctor without delay. Health education: To prevent worm infestation, these measures has to be followed. - use of sanitary latrine & its maintence. - personal hygiene: -care of skin: Wear washed & cleaned clots. Take hair wash at least twice a week. Take bath daily - care of hands and fingers: hands should be clean with water & soap after defecation, before and after eating. Nails should be cut short & kept clean. Don't keep hands and fingers in mouth. - care of legs & feet:.donot walk with bare foot. Wash legs thoroughly when come from out. Obesity Definition: it is the medical condition characterized by excess fat that		

			negatively affects a child's health. Risk factors: ➢ Genetic factors ➢ Environmental factors: advertising high density foods, soft drinks ➢ Behavioral factors: fast food consumption, high fat diets, snacks, disorganized eating patterns. ➢ Social factors: reduction of exercises, sedentary lifestyle, sedentary job, watching television, playing in computer for long period. ➢ Mental illness: physical disability		
6.	Define obesity	2 min	➢ Medical conditions: endocrine disorders like hyperthyroidism, hypothyroidism, cushing syndrome, growth hormone deficiency. ➢ Drugs ➢ Physiological factors like more energy intake	Lecture cum discussion by using av aids	Listening and clarifying their doubts
7.	Enlist the causes of obesity	1 min	Complications: The systemic complications of obesity is as follows ➢ Cardiovascular: hypertension, risk of heart diseases ➢ Endocrine : type II diabetes mellitus ➢ Gastro intestinal; gall stones, risk of cirrhosis, risk of colon cancer ➢ Musculo skeletal; forearm fracture, flat feet ➢ Reneal: proteneuria ➢ Pulmonary: asthma, sleep apnea, exercise intolerance ➢ Psychological: poor self esteem, depression.	Lecture cum discussion by using av aids	Listening and clarifying their doubts

8.	List out the signs and symptoms of obesity	2 min	Treatment: ➢ Modification of diet ➢ Increase appropriate physical activity & exercises ➢ Reducing time spent in sedentary activities ➢ Modify behavior Prevention: ➢ Life style changes: - Focusing on balancing energy - Follow healthy eating plan - Learning how to adopt healthy life style habits ➢ Calories - 1000-1200 calories / day is recommended - Low caloric diet ➢ Healthy eating plan - Fat free & low fat products - Proteins foods such as fish, chicken without skin, beans, peas - Whole grains foods - Fresh fruits - Fresh vegetables	Lecture cum discussion by using av aids	Listening and clarifying their doubts
9.	Management of obesity	1 min	➢ Foods to be avoided - Fatty cuts of meat, ground beef, chicken with skin - High fat products, palm oils, baked food, cakes, cookies, bread, egg yolk, organ mal, whole milk & milk products. ➢ Physical activity - Aerobic exercises, muscle stretching exercises, bone stretching	Lecture cum discussion by using av aids	Listening and clarifying their doubts

10.	Prevention of obesity	2 min	exercises, - Atleast 60 mins of physical activity. Dental caries Definition: it is also know as tooth decay or cavities, causes demineralization & destruction of hard tissuses of teeth. Causes: ➢ Diet: foods high in carbohydrates, snacks between meals, sweets & sticky foods like chocolates, sweets, sugars, fizzy drinks, starchy foods, white bread, biscuits. ➢ Poor oral hygiene, irregular brushing ➢ Smoking & alcoholism ➢ Dry mouth ➢ Bacteria such as streptococcus, lactobacilli Sings and symptoms: ➢ Tooth ache, tooth sensitivity, mild to sharp pain while eating and drinking.. ➢ Visible hole in teeth, brown and black staining on surface of teeth Complications: Pus around teeth, broken teeth, chewing problems, position shift in permanent teeth, decreased food intake, malnutrition.	Lecture cum discussion by using av aids	Listening and clarifying their doubts

11. 12. 13.	Define dental caries Enlist the causes of obesity Signs and symptoms of obesity	2 min 1 min 2 min	Treatment: Depends on severity of cavities ➢ Fluoride treatment: supplementation of fluoride ➢ Crowning: replacing the decayed area with crowns made up gold, porcelain, resin, metals. ➢ Root canal: done when cavities reaching till tooth tip. ➢ Tooth extractions: when tooth is severely decaled Prevention:. ➢ Oral hygiene: proper brushing ➢ Dietary modification: decreased sugar intake, sticky foods, carbohydrates with bacteria, ➢ Dental sealants: A plastic like coating is applied while chewing to prevent food to be trapped into pits of tooth. ➢ Brushing with fluoride tooth paste ➢ Rinsing mouth ➢ Visit dentist regularly ➢ Avoid frequent snacks & sipping ➢ Eat tooth healthy foods Scabies Definition: It is also know as seven year itch, and is a contagious skin infection caused by mite scrcoptes scabiei.	Lecture cum discussion by using av aids Lecture cum discussion by using av aids Lecture cum discussion by using av aids	Listening and clarifying their doubts Listening and clarifying their doubts Listening and clarifying their doubts

14. 15.	List the management of obesity List the prevention of obesity	2 min 2 min	Causes: ▪ It is causes by mite scrcoptes scabiei. ▪ It is a contagious disease, spreads through direct skin to skin contact through clothes, bedding, furniture. Signs and symptoms: ▪ Itching: mainly at night, intense itching keeps person awake at night. ▪ Rash: little bumps that often form a line ▪ Sores: scratching the itchy rash causes sores. ▪ Thick crusts on skin ▪ It develops anywhere on skin on hands, arms, skin covered by clothes & jewelers. Treatment: Treated through permethrin 5% dermal cream. Prevention: ▪ Avoid direct skin to skin contact ▪ Persons with symptoms should be checked and treated by their doctor as quickly as possible. ▪ Household members and other persons with skin-to-skin contact should be preventively treated. ▪ Clothing, bedding, and bath linens used within the 4 days before	Lecture cum discussion by using av aids Lecture cum discussion by using av aids	Listening and clarifying their doubts Listening and clarifying their doubts

			initiation of therapy should be washed in a washer using hot water and dried using the hot drier cycle. ▪ Clothing and other items that cannot be laundered should be stored in a closed plastic bag for one week.		
16.	Define scabies	2 min	Otitis media Definition: it is the infection and inflammation of middle ear.	Lecture cum discussion by using av aids	Listening and clarifying their doubts
17.	Enlist the causes of scabies	1 min	Causes: ✓ Blockage of Eustachian tubes ✓ Viral infections ✓ Upper respiratory tract infections ✓ Allergies	Lecture cum discussion by using av aids	Listening and clarifying their doubts
18.	List out the signs and symptoms of scabies	2 min	Signs and symptoms: ✓ Fever, irritability, ✓ Pulling of ears, tugging of ears, loss of balance ✓ Sleep disturbance , restlessness ✓ Discharge from ears ✓ Loss or decreased hearing Treatment: ✓ Pain killers, antibiotics	Lecture cum discussion by using av aids	Listening and clarifying their doubts

19. 20.	Enumerate the management of scabies List out the prevention of scabies	2 min 2 min	Prevention: ✓ Avoid smoking, exposure to air pollution ✓ Update immunization ✓ Maintain adequate ear hygiene ✓ Avoid keeping forien bodies in ears ✓ Avoid using unhygienic practices while cleaning ear ✓ Avoid water not to enter ear while bathing ✓ Dry ears thoroughly after bathing Conjunctivitis Definition: it is also called pinkeye or madaras eye. It is the inflammation of conjunctiva, the outer most layer of eye and inner surface of eye lids. Causes: ❖ Allergies: pollen, perfusion, cosmetics, smoke, dust mist ❖ Bacterial: staphylococcus aures ❖ Viral: adenovirus, ❖ Chemicals ❖ Infections: upper respiratory tract infections, common cold ❖ Irritants: smoke, sharps Signs and symptoms: ❖ Red eye, swelling of conjunctiva ❖ Thick yellow discharge that crushes over eye lids ❖ Green or white discharge from eye ❖ Itching of eye	Lecture cum discussion by using av aids Lecture cum discussion by using av aids Lecture	Listening and clarifying their doubts Listening and clarifying their doubts Listening

21. 22. 23. 24. 25.	Define otitis media Enlist the causes of otitis media List the signs and symptoms of otitis media Enumerate the management of otitis media List out the prevention of otitis media	2 min 2 min 2 min 1 min 2 min	❖ Burning sensation of eye ❖ Increased sensivity to light Treatment: ❖ Antibiotic drops ❖ Water wash of eye in case of irritants Prevention: ❖ Practicing good hygienic practices ❖ Wash hands often ❖ Avoids touching eyes repeatedly ❖ Do not rub eyes ❖ Use clean towel and washed clothes daily ❖ Do not share towels ❖ Change pillow covers often ❖ Through away eye cosmetics ❖ Do not share eye cosmetics Malnutrition Definition: it is insufficient, excessive or imbalanced consumption of nutrients. Causes: ➢ Socio economic factors: poverty, ignorance, inadequate weaning	cum discussion by using av aids Lecture cum discussion by using av aids Lecture cum discussion by using av aids Lecture cum discussion by using av aids	and clarifying their doubts Listening and clarifying their doubts Listening and clarifying their doubts Listening and clarifying their doubts

			practices, child labour, child abuse, social practices. ➢ Poverty, illerttracy, big families with short birth intervals, poor food production & storage practices. ➢ Recurrent infections, diseases related to gastro intestinal, HIV & AIDS.		
26.	Define conjunctivitis	2 min	Signs and symptoms: **Signs**	Lecture cum discussion by using av aids	Listening and clarifying their doubts
27.	Enlist the causes of conjunctivitis	2 min	In those with malnutrition some of the signs of dehydration differ. Children; however, may still be interested in drinking, have decreased interactions with the world around them, have decreased urine output, and may be cool to touch.	Lecture cum discussion by using av aids	Listening and clarifying their doubts
28.	List the signs and symptoms of conjunctivitis	2 min	**Site** **Sign** Face Moon face (kwashiorkor), simian facies (marasmus) Eye Dry eyes, pale conjunctiva, Bitot's spots (vitamin A),	Lecture cum discussion by using av aids	Listening and clarifying their doubts

				periorbital edema		
			Mouth	Angular stomatitis, cheilitis, glossitis, spongy bleeding gums (vitamin C), parotid enlargement		
			Teeth	Enamel mottling, delayed eruption		
29.	Enumerate the management of conjunctivitis	1 min	Hair	Dull, sparse, brittle hair, hypopigmentation, flag sign (alternating bands of light and normal color), broomstick eyelashes, alopecia	Lecture cum discussion by using av aids	Listening and clarifying their doubts
30.	List the prevention of conjunctivitis	2 min	Skin	Loose and wrinkled (marasmus), shiny and edematous (kwashiorkor), dry, follicular hyperkeratosis, patchy hyper- and hypopigmentation, erosions, poor wound healing	Lecture cum discussion by using av aids	Listening and clarifying their doubts
			Nail	Koilonychia, thin and soft nail plates, fissures or ridges		
			Musculature	Muscles wasting, particularly in the buttocks and thighs		
			Skeletal	Deformities usually a result of calcium, vitamin D, or vitamin C deficiencies		
			Abdomen	Distended - hepatomegaly with fatty liver, ascites may be present		
			Cardiovascular	Bradycardia, hypotension, reduced cardiac output, small vessel vasculopathy		
			Neurologic	Global development delay, loss of knee and ankle reflexes, poor memory	Lecture	Listening

31. 32. 33.	Define malnutrition Enlist the causes of malnutrition List the signs and symptoms of malnutrition	2 min 2 min 2 min	Hematological Pallor, petechiae, bleeding diathesis Behavior Lethargic, apathetic **Prevention of malnutrition** Generally, malnutrition is caused by lack of nutritional components it can be prevented by providing special diet such as fruit, vegetable, milk product, oils, meat and beans etc with sufficient amount in timely. There are primary prevention, secondary prevention and tertiary prevention for malnutrition. Primary prevention 1. Health promotion ➢ health education to mothers about good nutrition and food hygiene health workers ➢ Distribution of supplements (distribution of iron , folic acid and vitamin a). ➢ Promotion of breastfeeding ➢ Development of low cost weaning foods ➢ Measures to improve family diet ➢ Nutritional education ➢ Home economics	cum discussion by using av aids Lecture cum discussion by using av aids Lecture cum discussion by using av aids	and clarifying their doubts Listening and clarifying their doubts Listening and clarifying their doubts

			➢ Family planning and birth spacing ➢ Family environment 2. Specific protection ➢ specific protein diet, eggs, milk, fresh fruit ➢ immunization ➢ fortification of food Sesecondary prevention; early diagnosis and adequate treatment ➢ Periodic nutrition surveillance . ➢ Early diagnosis of any lag of growth . ➢ Early diagnosis and treatment of infection including diarrhea. ➢ Developing the program for early dehydration of children with diarrhea. ➢ Developing supplementary feeding program during epidemics. ➢ Regular deworming of school and preschool children. Tertiary prevention; nutritional rehabilitation ➢ Nutritional rehabilitation services. ➢ Hospital treatment .		

35.	List the prevention of malnutrition	2 min		Lecture cum discussion by using av aids	Listening and clarifying their doubts

ANNEXURE

INTRODUCTION ABOUT SCHOLAR

SCHOLAR CONDUCTING PRETEST PROGRAMME

Om Sakthi

ADHIPARASAKTHI COLLEGE OF NURSING

MELMARUVATHUR - 603 319.

Kancheepuram District, Tamil Nadu, INDIA

Phone : 044 - 27529581(Office), 044 - 27529089 (Principal)

www. apcon.org e-mail: apcon_mel@yahoo.com, contactapcon@gmail.com

Approved by the Government of Tamil Nadu G.O. Ms. No. 801 & 169, H&FW(ME.II) Dept. Dt. 07.06.1993 & 22.05.2007

Recognized by the Indian Nursing Council, New Delhi - Cert. No. 18-1047/2000-INC, Dt. 27.07.2001. Resolution No. 75/10/June 2001.

Affiliated to The Tamil Nadu Dr. MGR Medical University, Chennai Rc. No. 21904/Affln. (3)/93, Dt. 14.12.1993

Recognized by Tamil Nadu Nurses & Midwives council, Chennai - Ref.No.368/NC/99 Dt. 12.08.1999.

Dr. N. KOKILAVANI, M.Sc.(N), M.A., M.Phil., Ph.D.,

Principal.

To

The Principal,

Government Higher Secondary School,

Sothupakkam,

Kanchipuram District.

Sir,

Sub: Requesting permission for Research Project- (MSc Nursing) – Reg.

*****

Greetings from Principal, Adhiparasakthi College of Nursing, Melmaruvathur. This is for your kind information that our post graduate MSc Nursing II year student Mr. P. Suryaprakash is planning to conduct a research project on **"A STUDY TO ASSESS THE IMPACT OF EDUCATIONAL INTERVENTIONS ON COMMON HEALTH PROBLEMS AMONG SCHOOL AGE CHILDREN AT GOVERNMENT HIGHER SECONDARY SCHOOL, SOTHUPAKKAM, KANCHIPURAM DISTRICT"** under the Tamil Nadu Dr M.G.R Medical University, Chennai . So we request you to kindly permit our student to conduct his research in your institution. We will abide the institution rules and regulations kindly consider and do the needful.

Thanking you,

PRINCIPAL

தலைமை ஆசிரியர்
அரசினர் மேல்நிலைப்பள
சோத்துப்பாக்கம் – 603 319
காஞ்சிபுரம் மாவட்டம்.

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool developed by Mr. P. Surya Prakash, M.Sc(N)., branch II PEDIATRIC NURSING, student of second year, Adhiparasakthi College of Nursing, Melmaruvathur, for his study on **"ASSESS THE IMPACT OF EDUCATIONAL INTERVENTIONS ON PREVENTION OF COMMON HEALTH PROBLEMS AMONG SCHOOL AGE CHILDREN AT HIGHER SECONDARY SCHOOL, SOTHUPAKAM"** is validated by the under signed and this may be proceeded with this tool to conduct the main study.

Place: Bangalore

Date: 09.07.14

(Dr. S. VALLIAMMAL)
SIGNATURE
LECTURER
COLLEGE of NURSING
NIMHANS
Bangalore - 29.

SCHOLAR PROVIDING EDUCATIONAL INTERVENTIONS

SCHOLAR CONDUCTING POSTTEST PROGRAMME